# PREDICTORS OF COLLATERAL CONSEQUENCES FROM MARIJUANA-RELATED POLICE "STOP, QUESTION AND FRISK" EXPERIENCES FOR BLACK AND LATINX ADULTS—AND THEIR VIEWS ON THE "STOP" COPING STRATEGIES, REPARATIONS, AND MARIJUANA EQUITY

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# ABSTRACT

## PREDICTORS OF COLLATERAL CONSEQUENCES FROM MARIJUANA-RELATED POLICE "STOP, QUESTION AND FRISK" EXPERIENCES FOR BLACK AND LATINX ADULTS—AND THEIR VIEWS ON THE "STOP" COPING STRATEGIES, REPARATIONS, AND MARIJUANA EQUITY

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This study created the new Collateral Consequences Survey on Marijuana-Related Stop, Question, and Frisk Experiences tool. The tool was administered to a sample (N = 73) 65.8% (N = 48) male, 31.5% (N = 23) female, 68.5% (N = 50) Black, 31.5% (N = 23) Latinx, with 90.4% (N = 66) born in the United States, with a mean age of 30.04 years (min = 18, max = 55, SD = 9.42). Some 46.6% (N = 34) completed a Bachelor's degree or higher, while 63% (N = 46) were employed—with a mean annual household income of $40,000 to $49,000 (mean = category 4.23, min = 1, max = 11, SD = 1.899). Participants suffered multiple long-lasting damages as collateral consequences from Stop, Question, and Frisk.

Pearson Correlations showed the ***higher*** the global collateral consequences scores then: lower Age (r = -.572, p = .000); darker Skin Color (r = .281, p = .016); lower Income (r = -.269, p = 023); lower Life Satisfaction (r = -.469, p = .000); more Negative Impact on Physical Health (r = -.264, p = .024); more Negative Impact on Mental Health

(r = -.413, p = .000); lower BMI (Body Mass Index) (r = -.439, p = .000); greater frequency of various types of marijuana-related police contact (r = .580, p = .000); and greater extent of invasive experiences with police (r = .117, p = .000).

While controlling for social desirability, the significant predictors of the study outcome variable of the Global Collateral Consequences Score (GCCS-8) were as follows: not born in the US (β = -.607, $SE_B$ = .294, p = .044); *lower life* satisfaction (β = -.141, $SE_B$ = .044, p = .002); *lower* Body Mass Index (β = -.042, $SE_B$ = .010, p = .000); *more positive* attitudes on marijuana equity and reparations (β = .347, $SE_B$ = .099, p = .001); *greater frequency* of various types of marijuana-related police contact (β = -.232, $SE_B$ = .099, p = .024); and *greater extent* of invasive experiences with police (β = .324, $SE_B$ = .084, p = .000). This model accounted for 62.4% of the variance ($R^2$ = 0.669, Adj $R^2$ = 0.624).

Robust qualitative data expanded on the quantitative data findings.

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M. D. F. N.

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# Chapter I

## INTRODUCTION

Racial arrest disparities are implicated with a multitude of problems that adversely impact individuals, families, and communities (Schleiden et al., 2020). The racial disparities between Whites and Blacks for arrest and imprisonment are observed across the lifespan. Several theories have offered insight into the rationale for the differential arrest rates between Whites and Blacks in the United States. In terms of differences in behavioral attributes leading to arrests among White and Black populations, Whites are more likely to get "arrested for sexual assault, property crimes, and public order" in comparison to Black individuals (p. 2). Conversely, Black individuals tend to have a higher likelihood "to be arrested for murder, robbery, and drug offenses" in comparison to White individuals (p. 2).

Draconian drug law enforcement in the United States, inclusive of War on Drugs policy, has been identified as being responsible for the contemporary crisis of mass incarceration of millions of its citizenry (Alexander, 2011). Drug law violation convictions in the United States have positioned the country to possess the highest incarceration rate of any developed or developing nation in the world. In New York City, "the NYPD [New York Police Department] made 50,300 marijuana arrests in 2010 alone" (p. 136). Subsequently, policies focused on illicit drug possession and

criminalization of drug use combined with police tactics framed as “tough on crime” have paved the way for racial profiling mechanisms and stop and frisk procedures. Research has shown that people of color are less likely to be involved in drug crime compared to White youth, yet Black and Latinx individuals are generally disproportionately apprehended on drug charges—relative to White individuals. Alexander acknowledged that the majority of individuals who are arrested for drug offense crimes are from low-income neighborhoods and communities predominantly inhabited by Black and Latinx populations.

According to Baćak and Nowotny (2018), “who gets stopped by police is racially patterned” (p. 2). The experience that certain segments of the population endure when stopped and questioned by the police is akin to an acute stressor. Using a U.S. nationally representative sample (N = 7,747) from the National Longitudinal Study of Adolescent to Adult Health (Add Health) of Black and White individuals ages 18-26 years, Baćak and Nowotny found that a “majority of individuals stopped by the police are not arrested” (p. 10). However, “concentrated police stops, especially in disadvantaged black neighborhoods,” tend to potentiate a sense of powerlessness in those communities, “strain the relationship between the police and the public,” and diminish any perceptions of progress achieved during the Civil Rights Movement (p. 9). Moreover, findings have suggested that after controlling for past criminal behavior, history of criminal legal system involvement, and prior depression among those who had police contact, an “association between police stops and depressive symptoms exists” (p. 10). Additionally, “black suspects are more likely to be shot” by the police compared to Whites (p. 2). The racial disparities in the use of police force during stops also “[emerge] in situations of

compliance rather than resistance," which have important consequences for the broader domain of public health and safety (p. 3). Furthermore, this research identified "police stops as a social determinant of health" (p. 9).

Studies have shown that Black individuals constituted about 13% of the U.S. population during 2017; however, this racial group comprised almost 38% of those incarcerated (Baćak et al., 2018, p. 996). Further, studies have shown "incarceration as a powerful social determinant of health" (p. 994). According to the most recent estimates from the National Inmate Survey (NIS), "238, 000 sexual minorities were incarcerated in the United States" (p. 995). Specifically, for the pre-incarceration experience of a "same-sex sexual experience," the prevalence of such experiences was 6.2% for men held in jail and 9.3% for men in prison, and 42.1% for women held in jail and 35.7% for women held in prison (p. 995). Studies that have examined the incarceration rate of the general population compared to the incarceration rate of lesbian, gay, or bisexual (LGB) self-identified persons found 612 per 100,000 adults, compared to 1,882 per 100,000 LGB persons, respectively. Also, sexual gender minority (SGM) persons comprise "2% to 6% of the population" (p. 995).

Notably, Mooney et al. (2018) acknowledged that "arrests for drug possession had grown by 150%" two decades after the launch of the War on Drugs policy in 1986 (p. 987). Racial disparities in arrests for drug possession have proliferated since people of color are disproportionately affected by the racialized and punitive War on Drugs policies. For individuals arrested for substance possession and illicit drug use, studies have shown that only 11% of the 1.5 million people incarcerated with substance use disorders (SUD) ever received substance abuse treatment post-admission into jails and

prisons. Within the context of the criminal legal system, Mooney et al. contended there are “disparities at all stages of individuals’ experience” (p. 992).

According to the Drug Policy Alliance (DPA, 2017), approximately 72.4% of people jailed for “drug possession on any given day” are incarcerated for the pretrial period (p. 7). People held during pretrial are innocent by law as they “have not been convicted of any crime” (DPA, 2017, p. 7). In some instances, people may be mandated or coerced into drug treatment if they are convicted of a drug offense, even when due to personal drug use or being caught in possession of drugs (DPA, 2017; Wallace, 2019). Since 2015, roughly 46,000 people were incarcerated in a state correctional penitentiary on a daily basis for drug possession (DPA, 2017). To get a sense of the financial costs associated with mass incarceration, the DPA cited earlier findings from the think tank, the Cato Institute, demonstrating the manner in which “policing low-level drug possession offenses exceeds $4.28 billion annually” for U.S. taxpayers (p. 7). Of note, these yearly estimated expenditures do not include any “additional costs of incarceration, supervision, and court processing fees” (p. 7). Indeed, drug possession or personal drug use are noted as the main reasons why “people on probation or parole are incarcerated or re-incarcerated” (p. 7).

However, Martinez et al. (2019) pointed out that pretrial detention serves “as a racial-ethnic stratification process across time” (p. 1). Prior research has focused on binary detention measures, in terms of whether a person is detained or released from jail—as categorical variables. Focus has also been placed on whether the individual is being denied bail, offered nonfinancial release, or released on monetary bail. Martinez et al. argued that “less attention” has been given to the ever so important factor of “the

temporal dimensions of these decisions" (p. 3). The factors of "money and time represent structural components of pretrial detention" (p. 5). Thus, when seemingly race-neutral measures are considered, patterns of institutional racism become apparent. To get a sense of how pretrial detainment affects people of color and low-income populations, a dataset from Miami-Dade County, Florida was analyzed. Miami-Dade County has the eighth largest jail system in the United States. The demographic composition of Miami-Dade County residents includes roughly 66% of Latinx populations of any race, 19% Black residents, and 14% White residents. Important to note, Miami-Dade County is also known as a *majority minority* location, where 2.6 million of its residents are foreign-born and/or White Latinx (Martinez et al., 2019).

Further, as per Martinez et al. (2019), statistical analysis utilized Miami-Dade County Clerk of Courts arrest data from over a 5-year period to examine "the relationship between pretrial detention and case outcomes" among four racial-ethnic groups: White Latinx, Black Latinx, White non-Latinx, and Black non-Latinx (p. 7). Findings suggested both racial and ethnic inequalities exist in convictions and sentencing among Black Latinxs and Black non-Latinxs compared to White Latinxs and White non-Latinxs. Additionally, defendants who are denied bail or unable to afford the set bail or bond amounts equates to extended pretrial detention, which "positively predicts the likelihood of conviction and incarceration" (p. 14). Discrimination based on colorism, an intraethnic construct based on skin color discrimination, and racialized stereotypes perpetuated by court actors, are suspected to influence differential outcomes in the length of pretrial detention and sentencing between Whites and Blacks (Martinez et al., 2019).

Specifically, Martinez et al. (2019) found both Blacks and Black Latinxs tend to experience higher rates of punitive outcomes compared to Whites and White Latinxs. Black and Black Latinx defendants have 15% and 18% higher bond amounts, respectively, compared to their racial and ethnic counterparts, and also experience 12% to 18% more time in pretrial detainment relative to their White racial and ethnic counterparts. Given "the systemic characteristics of racial-ethnic inequality in pretrial detention," Martinez et al. suggested that the use of risk assessments and bond schedules compound racial inequities that are indicative of "micro-level and macro-level characteristics of the criminal justice system" (p. 20).

On another note, Martinez et al. (2019) found 35% of crimes identified in their study were related to driving violations or public-order violations, whereas 21% of crimes were linked to drugs (p. 7). When a person is convicted for drug possession for a drug use offense, the given crime type may subject them to imprisonment in local jails or state prison (Martinez et al., 2019)—where there are associated risks.

Consider how the experience of jail arrest or prison incarceration has been found to be associated with numerous factors, including the following: health status (Baćak et al., 2018; Mooney et al., 2018; Semenza & Link, 2019); employment as well as firearm ownership (Adrian, 2015; Thompson, 2017); eligibility to be elected for public office (Adrian, 2015); indebtedness and voting behavior (White, 2019); toxic stress (Provencher & Conway, 2019; Semenza & Link, 2019); supplemental nutrition assistance (Bender, 2016); educational loans, housing (Bender, 2016; Mooney et al., 2018); family support, health insurance benefits, and immigration (Mooney et al., 2018; Thompson, 2017); jury service (Thompson, 2017); parental rights (Ludlum et al., 2018); revocation of driving

privileges as well as lost wages (Banys, 2016; Kamalu & Onyeozili, 2018)—all of which are salient issues in the lives of those subject to the experience of a jail arrest or prison incarceration.

Marijuana prohibition, in particular, "continues to be at the forefront of drug arrests" (Thompson, 2017, p. 213). During 2010, marijuana offenses were related to "52% of all drug arrests in the United States," of which 88% of marijuana-related arrests were for simple possession (p. 214). A common tactic used by police to establish probable cause to body search an individual or their vehicle is the claim that the officer smelled marijuana. Today, police throughout the United States continue to report that they smelled marijuana as the rationale to "search, arrest, abuse, and murder black and brown people" (p. 212). Notably, those who present as non-White continue to experience "structural racism of the historic war on drugs," despite new drug law regulations aimed at legalizing and decriminalizing marijuana (p. 212).

On a state level, Bond et al. (2019) examined misdemeanor arrest data over the course of nearly three decades and found overall upward trends in arrest rates from 1990 through 2017. Within New York State, racial disparities for marijuana arrests based on possession or sale varied by geographic location. During 2017, nearly 93% of misdemeanor marijuana arrests in New York City were distinctly related to "possession of marijuana in public view or public consumption," in contrast to other New York State locations (p. 1). Particularly, cities located in upstate New York and other parts of the state outside of New York City indicated about 60% and 30% of sub-felony possession marijuana arrests were related to "possession of 25 grams to 8 ounces," respectively (p. 1).

As per the National Organization for the Reform of Marijuana Laws (NORML, 2019), the definition of marijuana possession tends to vary widely from state to state. Legislation amended by New York Governor Andrew Cuomo (D-NY) to decriminalize marijuana possession for small amounts modified current penalties and became effective during 2019; the New York penal code distinguished possession as public burning or open to plain view. Marijuana possession offenses were further classified into class A or class B misdemeanors. The misdemeanor type and penalty ascribed for a possession offense continues to be categorized based on the weight amount of marijuana. Today, however, the cultivation of marijuana of any amount is handled as a class A possession misdemeanor with penalization of up to 1 year of incarceration and a maximum fine of $1,000. Additionally, marijuana offenses for possession of between 28 grams (.99 ounces) or less to more than 28 grams, but less than two ounces (~56 grams) carries a maximum fine of $50 to $200, respectively. On the other hand, possession of marijuana that exceeds 2 ounces to 8 ounces (~57 grams-~226.8 grams) is a misdemeanor that is punishable by up to 1 year of incarceration, whereas possession of more than 8 ounces to 16 ounces (~226.8 grams-1 pound) is a felony under New York revised statutes (NORML, 2019).

Possession for personal use in public view or public consumption in New York State is deemed a violation of its tobacco control laws, which is punishable with a fine up to $200 (NORML, 2019). By contrast, New York laws and penalties for marijuana sale offenses carry either misdemeanor or felony charges. Misdemeanor charges for the sale of up to 2 grams (~.071 oz.) without exchange of payment or one marijuana cigarette is punishable by 3 months of incarceration and a maximum fine of $500. The misdemeanor

penalties and fines increase for the marijuana sale of up to 25 grams (.88 oz.) with a year of imprisonment and a maximum fine of $1,000. Nevertheless, the sale of marijuana of more than 25 grams to 1 pound or above is a felony offense that is punishable from 4 years to 15 years of incarceration and fines that range from $5,000 to $15,000, respectively (NORML, 2019).

As a point of comparison, the state of New Jersey also classifies possession penalties based on a specific number of grams (NORML, 2019), although, in New Jersey, the penalty classification for marijuana violation is categorized as disorderly person as opposed to criminal for possession of less than 50 grams. The designation as a disorderly person for marijuana possession of about 1.76 ounces is punishable by up to 6 months incarceration and a fine up to $1000 (NORML, 2019).

The American Civil Liberties Union (2019) compared marijuana arrest rates in New Jersey during 2013 to marijuana arrest rates during 2017, which revealed an increase in statewide arrests per day for marijuana possession. During 2013, approximately 66 arrests were made per day for marijuana possession, compared to 95 arrests per day for marijuana possession during 2017 (ACLU, 2019). In some New Jersey localities, the likelihood of a Black person being arrested for marijuana possession compared to a White person went as high as 11 times more likely (ACLU, 2019). During 2016, the rate of marijuana possession arrest rates for Blacks was 925 per 100,000, compared to 326 per 100,000 for Whites (ACLU, 2019). In terms of marijuana-related arrests for possession and distribution, approximately 27,923 people were arrested during 2013, compared to 37,623 people during 2017 (ACLU, 2019).

Of note, New York and New Jersey laws and penalties classify marijuana trafficking, hash and concentrates, drugged driving, and the sale or possession of paraphernalia used to weigh or measure marijuana as criminogenic offenses (NORML, 2019). While both states vary widely in the penalties assessed for marijuana offenses, what emerges is how New Jersey has harsher consequences than New York. However, a common shared feature of both states is that being convicted of marijuana possession with intent to distribute, or drug trafficking, or drugged driving, or the drug involvement of a minor holds greater criminalization and more negative repercussions, regardless of state (NORML, 2019).

While the use of civil citations for cannabis possession and the issuance of notice to appear (NTA) sanctions are alternatives to arrest that are based on an officer's discretion, the initiative to divert individuals caught in possession of marijuana is not without ominous procedural hassles and fees (Adrian, 2015; Bedard et al., 2017).

Plunk et al. (2019) analyzed publicly available data from 2000 to 2016 to examine the differences in arrest rates among youth and adults for cannabis possession in states that have decriminalized and legalized cannabis. The study involved the review of 38 U.S. states, which included seven states that had decriminalized marijuana and four states that had legalized marijuana. Also, adult arrest rates for cannabis possession decreased by 131% with the implementation of decriminalization policies and by 168% with post-legalization policies. Among youth living in states with cannabis possession decriminalization policies, arrest rates declined by 60%; however, youth arrest rates remained unchanged in states that adopted cannabis legalization policies. Overall,

compared to adults, youth fared far worse with higher arrest rates in states that had legalized marijuana for adult use (Plunk et al., 2017).

Banys (2016) reported that adult cannabis legalization, as opposed to cannabis decriminalization, holds little benefit to "youth who remain criminalized, unfortunately," as well as arrested and sentenced to probation (p. 11). Also important to note, states that have decriminalized possession of marijuana tend to handle youth and adult possession as a non-criminal infraction. Conversely, states that have legalized cannabis tend to criminalize youth with misdemeanor arrests, while allowing adults to possess small amounts of marijuana for personal use (Banys, 2016).

In states with legalized marijuana laws, Plunk et al. (2019) found declines in youth arrest rates in states that have decriminalized possession. The harms of criminalizing youth for marijuana possession are striking. In other instances, while felony charges for marijuana possession are increasingly being replaced by subfelonies, such as civil citations, not everyone arrested for cannabis possession is eligible to receive an infraction (Adrian, 2015).

Bender (2016) contended that "the initial criminalization of marijuana rooted in racial stereotypes" remains a negative consequential factor for people of color as states legalize marijuana use in contemporary times (p. 690). The influence of media has undoubtedly played a historical role in the perpetuation of propaganda and negative racial stereotypes. As media portrayals racially stereotyped marijuana "users of color as threatening public safety and welfare," state governments also adopted racialized policies as a rationale for marijuana prohibition (p. 690).

In line with previous findings, Gaston (2019) noted that "drug arrests have long-standing, unwarranted race disparities" (p. 429). According to Gaston, "Whites are disproportionately involved in 'hard drugs,'" yet African Americans and Latinx populations tend to shoulder the highest drug arrest rates (p. 425).

## Statement of the Problem

The problem that this study addressed is the disproportionate negative impact of the War on Drugs policy on Black (African American) and Latinx (Hispanic) adults—given the following: racial profiling mechanisms; Stop, Question, and Frisk (SQF) procedures; and concentrated neighborhood police stops—and resultant high rates of police contact. Such marijuana-related police contact may include being stopped, questioned, frisked, or ticketed/given summons, and/or arrested, or incarcerated; of note, arrests and incarceration experiences were *not* a focus of this study. The disproportionate negative impact of the War on Drugs policy on Black and Latinx adults frequently also includes a multitude of potential negative collateral consequences—so much so that there has been a call for reparations.

## Purpose of the Study

The purpose of this study was to **identify the significant predictors of the study outcome variable/dependent variable of greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score) for Black and Latinx adults with any history of marijuana-related police "Stop, Question and/or Frisk" experiences.**

When seeking to identify significant predictors of a **greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score, while controlling for social desirability)**, the independent variables to be included were selected from among the following:

1. Age,
2. Being Black (African American) or Latinx (Hispanic),
3. Being male or female,
4. Yes or no to having a partner,
5. Yes or no to being heterosexual,
6. Yes or no to U.S.-born,
7. Skin color tone,
8. Level of education (bachelor's degree or higher),
9. Annual household income,
10. Yes or no to being employed for wages,
11. Level of life satisfaction,
12. Physical health rating,
13. Mental/emotional health rating,
14. Body Mass Index (BMI),
15. Extent to which they hold favorable perceptions of the police,
16. Attitudes toward marijuana equity/legal marijuana industry, and reparations,
17. Frequency of various types of marijuana-related police contact, and
18. Extent of invasive and confining experiences with police.

## Research Questions, Survey Parts, and Data Analysis Plans

Given an online sample (N = 73) of Black and Latinx adults with a history of being stopped, questioned, and/or frisked by police searching for marijuana who respond to a social media campaign (i.e., *"Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15 MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests*"), the study answered the following research questions:

1-What were their demographic characteristics?
**PART I: BASIC DEMOGRAPHICS (BD-10)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

2-What was their level of Life Satisfaction (i.e., overall satisfaction with their life now)?
**PART II: LIFE SATISFACTION SCALE (LSS-1)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

3-What were their ratings for their physical health status, mental/emotional health status, Body Mass Index (BMI), and did they have health insurance?
**PART III: PERSONAL HEALTH BACKGROUND (PHB-6)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

4-What was their level of risk for providing socially desirable responses?
**PART IV: SINGLE ITEM RATING OF RISK OF PROVIDING SOCIALLY DESIRABLE RESPONSES (SIR-RPSDR-1)**
*Data Analysis Plan: Descriptive statistics, including means, standard deviations, frequencies, and percentages*
***NOTE: The regression analysis controls for this variable.***

5-To what extent did they have favorable perceptions of the police?
**PART V: PERCEPTION OF POLICE SURVEY—SHORT (POPS-S-6)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

6-What were their attitudes with regard to marijuana equity and the legal marijuana industry, as well as reparations?
**PART VI: MARIJUANA EQUITY AND REPARATIONS ATTITUDES SCALE (ME-RAS-4)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

7-What did they report as the frequency of their experiencing various types of marijuana-related police contact?
**PART VII: FREQUENCY AND TYPES OF MARIJUANA-RELATED POLICE CONTACT (FT-MRPC-6)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

8-To what extent did they report having invasive and confining experiences (e.g., handcuffed, cavity search, etc.) with police as part of their marijuana-related police contact?
**PART VIII: INVASIVE AND CONFINING EXPERIENCES WITH POLICE (ICE-WP-4)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

9-To what extent did they perceive themselves as having been **targeted or racially profiled** as a prelude to their marijuana-related police contact, as collateral consequences (#1)?
**PART IX-A: TARGETING OR RACIAL PROFILING BY POLICE AS COLLATERAL CONSEQUENCE 1 (TRPBP-CC1-7)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

10-To what extent did they experience **police violence** as part of their marijuana-related police contact, as collateral consequences (#2)?
**PART IX-B: POLICE VIOLENCE DURING STOP AS COLLATERAL CONSEQUENCE 2 (PVDMS-CC2-6)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

11-Following their marijuana-related police contact, to what extent did they experience **financial and work** as collateral consequences (#3)?
**PART IX-C: FINANCIAL AND WORK AS COLLATERAL CONSEQUENCES 3 (FW-CC3-4)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

12-Following their marijuana-related police contact, to what extent did they experience **housing and food insecurity** collateral consequences (#4)?
**PART IX-D: HOUSING AND FOOD INSECURITY AS COLLATERAL CONSEQUENCES 4 (HFI-CC4-4)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

13-Following their marijuana-related police contact, to what extent did they experience **physical health and mental/emotional health** collateral consequences (#5)?
**PART IX-E: PHYSICAL AND MENTAL HEALTH AS COLLATERAL CONSEQUENCES 5 (PMH-CC5-6)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

14-Following their marijuana-related police contact, to what extent did they experience **symptoms of mental disorders** as collateral consequences (#6)?
**PART IX-F: SYMPTOMS OF MENTAL DISORDERS AS COLLATERAL CONSEQUENCES 6 (SMD-CC6-10)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

15-Following their marijuana-related police contact, to what extent did they experience **multiple long-lasting damages** as collateral consequences (#7)?
**PART IX-G: MULTIPLE LONG-LASTING DAMAGES AS COLLATERAL CONSEQUENCES 7 (MLLD-CC7-10)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

16-When considering the overall negative impact on their lives of marijuana-related "stop, question, and/or frisk" experiences, including everything that subsequently happened in their lives, how did they rate the **cumulative collateral consequences** (#8)?
**PART IX-H: RATING OF CUMULATIVE COLLATERAL CONSEQUENCES 8 (RC-CC8-1)**
*Data Analysis Plan: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

17-What was the **Global Collateral Consequences Score**, capturing the total negative impacts, damages, and harms from marijuana-related "stop, question, and/or frisk" experiences?
**PART X: GLOBAL COLLATERAL CONSEQUENCES SCORE (GCCS-8)**
*Data Analysis Plan: Descriptive statistics (Global Mean, standard deviation, minimum, maximum, frequency, percentage)*
*NOTE: Combining the above PARTS IX-A to IX-H—or CC1 to CC8—permits calculating a Global Collateral Consequences Score (GCCS) that is based on the above 8 Scales (48 items, all scored 1=low to 5=high/worse)*
***NOTE: The GCCS-8 is the study outcome variable.***

18-What were the **significant relationships** between selected independent variables and the study outcome variable of the **Global Collateral Consequences Score**?
*Data Analysis Plan: Inferential statistics (Independent t-tests comparing selected group and Pearson Correlations)*

19-What were the significant predictors of the study outcome variable of the **Global Collateral Consequences Score**?
*Data Analysis Plan: Backwards stepwise regression.*

20-When given the opportunity to engage in open self-expression, what were the emergent themes that arose from **qualitative data analysis** (i.e., their story of marijuana-related "stop, question and/or frisk" experiences and negative impacts/harms/damages; how they coped with what happened to them; and their thoughts about the money being made from medical marijuana/legal marijuana, and their recommendations)?
**PART XI: OPEN SELF-EXPRESSION (OSE-3)**
*Data Analysis Plan: Qualitative data analysis for emergent themes*

## Anticipated Findings

It was anticipated that, controlling for social desirability, backward stepwise regression analysis would show significant predictors of **greater severity of collateral consequences—or the higher the Global Collateral Consequences Score**—for Black and Latinx adults with a history of a marijuana-related police "Stop, Question and/or Frisk" experience would be as follows:

1-**Female** Gender (male/female),
2-**Yes for** heterosexual (yes/no),
3-**Black** race/ethnicity (Black/African American or Latinx/Hispanic),
4-**Yes for** U.S.-born (yes/no),
5-**No for** bachelor's degree or higher (yes/no),
6-**No for** if has partner (yes/no),
7-**No for** if employed for wages (yes/no),
8-**Younger** age (continuous),
9- **Darker** skin color tone (continuous),
10-**Lower** annual household income (continuous categories),
11-**Lower** life satisfaction (continuous),
12-**Lower** self-rating of physical health (continuous),
13-**Lower** self-rating of mental health (continuous),
14-**Higher** Body Mass Index (BMI, continuous),
15-**Greater** extent of negative perceptions of police (continuous),
16-**More favorable** attitudes on marijuana equity and reparations (continuous),
17-**Greater** frequency of various types of marijuana-related police contact (continuous), and
18-**Greater** extent of invasive experiences with police (continuous).

## Delimitations

The study was delimited to those who identified as Black and Latinx adults with the following: a history **of any marijuana-related police "STOP, QUESTION and/or FRISK" experience** who were age 18 or above, and lived in the United States. Study participants must also be able to access the Internet using a computer, laptop, tablet, or smartphone. The final study sample was delimited to those who completed the entire survey—without any evidence of duplicate computer IP addresses in the data file suggestive of attempts to take the survey more than once to trigger access to the prize.

## Limitations

Study limitations included missing out on the views of those without Internet and computer access, leading to a sample not truly representative of the population potentially most negatively impacted by the War on Drugs policy and the police behavior of Stop, Question and Frisk (SQF). Additional limitations included this not being a major grant-funded study that linked survey completion to a guaranteed monetary incentive. Thus, without such an incentive (and only having a drawing for 1 of 3 $100 Amazon gift cards), adults may not have been motivated to sustain attention to complete a somewhat lengthy survey. Further, the ongoing pandemic and related pandemic stress may have impacted the target populations, thereby negatively impacting study participation.

## Conclusion

This first chapter introduced the dissertation research, providing the study purpose, research questions, survey parts, and data analysis plan. In addition, this chapter provided an overview of anticipated study findings as well as study delimitations and limitations.

Chapter II provides a review of additional relevant literature. Chapter III provides details of the methods followed in the study. Results of data analysis appear in Chapter IV. Finally, Chapter V provides a discussion of study findings with implications and recommendations.

# Chapter II

# REVIEW OF LITERATURE

This chapter presents a review of pertinent literature. More specifically, this chapter covers the following topics: (I) War on Drugs policy, discrimination, and policing in the United States; (II) marijuana and cannabis in the United States; (III) the New Jim Crow, War on Drugs policy, and collateral consequences; and (IV) attitudinal shifts and movement toward reparations for collateral damages.

## I. War on Drugs Policy, Discrimination, and Policing in the United States

According to Wallace (2014), the dawning of the United States' crack cocaine epidemic in the year 1984 ultimately not only culminated in a mass incarceration crisis that disproportionately impacted African Americans, but also ushered along "massive repercussions that have reverberated into the new millennium" (p. 21). The racialized declaration of the War on Drugs policy by President Ronald Reagan on June 24, 1982, had set the stage for the War on Drugs policy that accelerated during the crack epidemic and led to the mass incarceration crisis—which left an indelible impact on the historical record of an entire nation and the world. Without the application of a public health approach which emphasized access to drug treatment versus criminalization and incarceration, there were severe collateral consequences that followed from the mass

incarceration of African Americans for drug use—which further paved the way for racial and ethnic disparities of epic proportions (Wallace, 2014).

Further, as years passed and the 1990s progressed, the unaddressed public health crisis of the "overlapping epidemics of crack/other drug use, HIV/AIDS, and violence" involved government-sponsored responses that constituted "massive collusion" in the "legalized oppression of minorities" (Wallace, 2014, p. 22). Among communities most impacted through the "un-checked loss of constitutional rights and civil liberties" were African Americans, who will, intergenerationally, continue to experience the negative impacts of the War on Drugs policies (p. 22).

Research has demonstrated that "social protection and healthcare instead of conviction and punishment" are more effective than the use of criminal sanctions to address drug use disorders (Volkow et al., 2017, p. 213). During 2016, the United Nations General Assembly held a special session (UNGASS) on drugs, which produced an Outcome Document, representing "a major shift in mentality by the United Nations Member States" with regard to drug policy (p. 213). According to Volkow et al., the UNGASS developed eight recommendations centered on the justification to address substance use disorders as a public health issue as opposed to a criminal justice matter. The eight UNGASS recommendations aimed to "address and counter the world drug problem" are as follows: (1) Eliminate drug use "stigma and discrimination toward individuals with substance use disorders" through structural mechanisms that "shift from exclusion and blame toward support and compassion"; (2) In lieu of criminalizing drug use behaviors, "address substance use disorders as public health problems"; (3) Use evidence-based "prevention programs, both universal and targeted to high-risk

individuals"; (4) "Implement evidence-based treatments for substance use disorders" given effective treatment modalities; (5) "Collect and utilize scientific data and engage scientific experts" to inform policy development; (6) "Engage diverse stakeholders in coordinated policy making"; (7) Continuous research on drug use, drug policies, and their impact on public health should be supported; and (8) "Ensure access to scheduled medications for therapeutic use" (pp. 213-214).

Volkow et al. (2017) further emphasized the rationale for these measures: given how substance use disorders "are common psychiatric disorders," they ought to be treated in a similar manner as mental and physical health conditions. In other words, there is a critical role for empathy and scientific precision without restraint (p. 214).

On the other hand, Stop, Question and Frisk (SQF) or "Terry frisks" stem from the *Terry v. Ohio* decision, which ruled that police officers could stop a person who they reasonably deemed to be dangerous and engaged in criminal activity (Alexander, 2011). According to Alexander (2011), law enforcement agencies were financially incentivized to increase drug arrests; thus, "the arrests" seemingly "reflect a surge in illegal drug activity" as opposed to the driving force of a hike in funding for drug interdiction to intensify police activity—as a key factor actually operating and having a tremendous impact (p. 77).

As per White and Fradella (2016), findings for the New York Police Department (NYPD) are most informative. Noted were the "NYPD efforts to seize guns and address social disorder" through the institution of SQF tactics—which also served as a primary tactic as "the department's targeted effort against marijuana" (p. 85). Additionally, research has demonstrated that in the era of stop and frisk policing, young and old alike

in communities of color were arrested at disproportionate rates. The use of the SQF tactic was credited for reducing violent crimes; in reality, however, the police procedure created opportunities to arrest people of color put in a position to violate the plain-view laws for marijuana possession. In essence, the tactic of stopping, questioning, and frisking typically led to the marijuana being in plain view, as a violation of the law, which led to disproportionate arrests of people of color (White & Fradella, 2016).

According to Milner et al. (2016), the differential treatment of Black and Latinx men compared to Whites by police officers is likely attributed to people of color being perceived as large. In a study that examined "the interaction among race, perceived size, and criminal punishment," from 2006-2013, of more than 3 million cases in the NYPD SQF database, evidence was found of racial bias and weight-related stigma (p. 10). Specifically, Milner et al. discussed how Black and Latinx men "were at an increased risk of being frisked or searched" and likely to be the recipient of excessive force, given their body composition compared to White men across all size categories. To explore differential racial treatment and violence by police, Milner et al. suggested that sharing "information about stereotypes associated with size and race" could be considered a means of improving police behavior (p. 10).

Holbrook et al. (2016) highlighted the importance of such stereotypes, as reflected in a large body of research showing how the visual perception of the stimuli of Black men has "consistently been shown to evoke implicit fear reactions" (p. 68). One study found that even Black names served as a cue that increased subjects' estimations of "physical formidability," which "mediated perceptions of these men as more prone to physical aggression"—despite the reality that Black and White men in the United States

are not significantly different in average height (p. 71). Not only have Black men been found to trigger in research subjects "automatic associations with violence" or a proneness to being violent, but so do the stimuli of Latinx men (p. 69).

Similarly, research conducted by Cunningham et al. (2004) found that even 30 milliseconds of exposure to Black faces, as opposed to White faces, triggered an automatic emotional response—as evidence that Whites had "negative evaluations" in literally a split second (p. 807).

Hirst et al. (2017) contended "jay-dar, the ability to detect whether an individual smokes marijuana" with predictive accuracy, can perpetuate stereotypes based on appearance (p. 132). According to Hirst et al., jay-dar is akin to *gaydar*. Notably, gaydar is defined as the ability to detect perceptively the sexual orientation of another based on their facial features and verbal cues, whereas jay-dar is based on appearance differences between cannabis users from non-cannabis users. Researchers have argued jay-dar profiling may have implications that parallel the utility of race and class as a proxy for discrimination and stigmatizing stereotypes (Hirst et al., 2017).

## II. Marijuana and Cannabis in the United States

In response to the realities of race, discrimination, and stigmatizing stereotypes, there has been a shift from using the term *marijuana* to using the term *cannabis* (Mikos et al., 2019). Mikos et al. (2019) highlighted how the move to label marijuana as cannabis by prohibition reformers was an effort to disassociate the drug from the harsh, racialized realities of the War on Drugs. In recent times, there has been a growing trend to refer to

"marijuana" as "cannabis"—even as the terms "marijuana" and "cannabis" may be used interchangeably, and cannabis is increasingly being used (Mikos et al., 2019).

Marijuana is referred to by several names; however, beginning with its name hemp, we know that the use and cultivation of marijuana have a long history in the United States (Ludlum & Johnson, 2018). However, an examination of the history of marijuana indicates that the plant was deemed a cash crop. Specifically, Ludlum and Johnson (2018) explained "marijuana and hemp (same plant species) were considered vital" for profit and agriculture (p. 87). The usefulness of the marijuana plant included both medical and non-medicinal purposes (Ludlum & Johnson, 2018). Further, "hemp fibers were used in ropes, textiles" and paper, whereas marijuana use "had religious, ritualistic, shamanistic, or medicinal functions" (p. 995). Additionally, for non-medical use, marijuana was "grown by farmers as a windbreak shrub" to protect crops from strong winds (p. 88). During 1850, "marijuana was included in the United States Pharmacopoeia" as a recognizable treatment for an array of illnesses (p. 87). Namely, marijuana was used to treat a range of conditions, including, "dysentery, gout, convulsive disorders, tonsillitis, insanity, and menstrual bleeding" (p. 87). According to Ludlum and Johnson, "marijuana was used as a poor man's pain reliever" until its prohibition during the 1930s (p. 87).

Notably, several historical antecedents occurred before marijuana use was outlawed in the United States (Ludlum & Johnson, 2018). In 1937, the U.S. federal government implemented strategies to dissuade the public from using marijuana through "high taxes and significant fines for avoiding taxes" (p. 88). In fact, President Franklin D. Roosevelt implemented the "Marihuana Tax Act of 1937 banning nonmedical uses," and

restricted possession of marijuana; this served as a justification to classify marijuana as a Schedule 1 drug (Bender, 2016, p. 691).

The lower the drug schedule classification number on a scale of 1 through 5, the less likely the drug is determined to have medical usefulness (Ludlum & Johnson, 2018). Moreover, in 1951, the enactment of federal law under the Boggs Act meant "marijuana was criminalized on a large scale" (p. 88). With public support of anti-marijuana laws, President Richard Nixon set forth "the *Controlled Substances Act of 1970*, making marijuana illegal" across the nation (p. 89). Despite marijuana being "illegal in all states for all uses," on the primary basis of racial contempt, the federal government reportedly maintained a discrete medical marijuana distribution operation that accepted patients from 1976 until 1991 (p. 89). The inception of the Compassionate Investigative New Drug (CIND) program by the federal government offered enrolled patients "monthly shipments of marijuana provided free of charge," which a small number of patients continue to receive via pre-rolled marijuana cigarette shipments to date (p. 89). However, Ludlum and Johnson asserted, "the program was not even publicized, even among medical circles" (p. 89).

As more individuals living with acquired immunodeficiency syndrome (AIDS) sought marijuana from the federal government and unwanted media attention to the CIND program grew, the program stopped accepting patients for enrollment (Ludlum & Johnson, 2018). Moreover, Ludlum and Johnson (2018) contended that taxpayers were unaware they were "simultaneously funding the distribution of marijuana for medicinal use" while also financing the imprisonment of marijuana drug offenders (p. 89).

As of 2014, the enforcement of federal marijuana laws has no longer been pursued in states that have legalized marijuana (Adrian, 2015). However, the U.S. federal Drug Enforcement Administration (DEA) maintains marijuana as "a Schedule 1 dangerous drug with no safe uses," which means marijuana even for medical purposes remains an illegal narcotic under federal law (Bender, 2016, p. 691).

Federal marijuana prohibition may change going forward, with estimates suggesting marijuana will be legalized on a federal level throughout the United States within the next decade (Bender, 2016). In the meanwhile, the state of California was among the first to legalize medical marijuana in 1996; then in 2012, Colorado and the state of Washington legalized recreational marijuana use (Bender, 2016).

As of September 2019, 33 state governments, including the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam, have legalized marijuana for medical purposes (National Conference of State Legislators [NCSL], 2019a). Important to note: marijuana legalization does not mean decriminalization. Some states have opted to adopt policies that decriminalized marijuana possession, while other states with medical marijuana policies still criminalize possession for personal use. Additionally, some states have fully legalized marijuana for medical purposes and recreational adult use. An increasing number of states have also legalized cannabidiol **(**CBD) or low amounts of tetrahydrocannabinol (THC). Namely, 11 states—Alabama, Idaho, Kansas, Mississippi, Nebraska, North Carolina, South Carolina, South Dakota, Tennessee, Wisconsin, and Wyoming—continue to criminalize marijuana possession and use fully (NCSL, 2019a).

Despite the War on Drugs policy aimed to eradicate drug use, Thompson (2017) contended the United States remains the world's leader in drug use. Among people aged

12 years and older, Thompson found 22.2 million out of 27 million people were current marijuana users during 2014. In the context of marijuana consumption, Thompson also found that Whites and Blacks use marijuana at comparable rates; however, "the arrest, sentencing, and imprisonment rates diverge greatly," with Blacks being the most penalized (p. 213).

Bender (2016) also described developments in the United States involving the growing legalized marijuana commerce. Bender referenced observations made by the legal scholar, Michelle Alexander, in highlighting the paradox inherent in contemporary legalized marijuana commerce:

> Here are white men poised to run big marijuana businesses, dreaming of cashing in big-big money, big businesses selling weed—after 40 years of impoverished black kids getting prison time for selling weed, and their families and futures destroyed. Now, white men are planning to get rich doing precisely the same thing? (p. 695)

However, marijuana legalization for medical or recreational purposes does not mean users can legally consume marijuana in public, for "public consumption of marijuana remains a crime" (Bender, 2016, p. 702). As marijuana legalization stands today, Bender described how drugged driving or driving under the influence of marijuana, public consumption or burning marijuana publicly, and marijuana possession by youths are three "vestiges of racial profiling in a legalization regime" (p. 701). With urban, low-income neighborhoods subject to increased police activity compared to predominantly White and higher-income neighborhoods, individuals who live in smoke-free housing or public housing are limited where they can legally smoke marijuana. Smoking marijuana anywhere other than indoors is strictly prohibited. Notably, smoking marijuana indoors excludes the latitude to smoke inside of a vehicle (Bender, 2016).

Aside from age restrictions, the lack of available locations for people aged 21 years and older to smoke marijuana recreationally in legalized states may be a contributing factor to ongoing racial disparities in marijuana violations (Thompson, 2017).

## III. The New Jim Crow, War on Drugs Policy, and Collateral Consequences

Although drug-related mass incarceration has decreased, in part, from the shift against the criminalization of drug use to a public health approach of making mandated treatment work, the collateral consequences of draconian policies still prove detrimental to communities of color (Alexander, 2011; Wallace, 2019). In characterizing the consequences of the War on Drugs policy, Alexander (2011) coined the term "New Jim Crow" to capture the broad range of contemporary collateral consequences of mass incarceration, including the loss of many rights (e.g., voting) that are reminiscent of the U.S. history of a prior era of Jim Crow that legalized and codified the subjugation of Blacks. Today, what may seem like a colorblind set of policies in this country, at least on a surface level, was actually systematically targeting African Americans for criminal arrests (pp. 252-253). One of the factors identified as a potential reason for the end of the United States' historical Jim Crow laws was "the increased political power of blacks due" to their "migration" North (p. 35). With the contemporary rise of the New Jim Crow in the United States, there remain residual effects of arrests and incarceration among people of color. The results include decreased voter participation (Alexander, 2011; White, 2019).

Alexander (2011) described the early history of voter suppression by Ku Klux Klan intimidation, poll taxes, and literacy tests, and argued that political disenfranchisement is not a new concept. The right to vote among individuals is lost for those convicted of a felony who become "ineligible to vote, in some cases permanently" (NCSL, 2019b).

Similarly, in the context of modern times, Alexander (2011) argued how blacks are continuously disenfranchised, even in an age of supposed colorblindness, as institutional racism is the actual pervasive reality. Alexander elaborated below:

> An extraordinary percentage of black men in the United States are legally barred from voting today, just as they have been throughout most of American history. They are also subject to legalized discrimination and employment, housing, education, public benefits, and jury service just as their parents, grandparents, and great-grandparents once were. (pp. 1-2)

Thus, the New Jim Crow includes collateral consequences of the War on Drugs policy that go beyond loss of the right to vote (Wallace, 2014). The resultant legalized discrimination includes the realms of employment, housing, education, and eligibility for public benefits. Yet, collateral consequences have been documented to include all of the following negative health impacts, as per Wallace (2014):

> Collateral consequences include negative health impacts and the exacerbation of inequities and health disparities…. Results include exacerbations involving mental illness, HIV, tuberculosis, other infectious diseases, as well as violence—while the massive return of the incarcerated back to their communities involved the transfer of a greater risk of morbidity and mortality from infectious diseases to their sexual partners, children, family, and larger community…. Perhaps the very worst impact from collateral consequences has been upon urban Black communities…. (pp. 20-21)

Indeed, the War on Drugs policy has been linked to "massive collateral consequences—damaging the lives of the incarcerated, their children, families, and communities (Wallace, 2014, p. 20). There is also a resultant crisis of "special vulnerable

populations" that reflect "the extensive trauma and negative impacts suffered across more than one generation since the dawning of the crack epidemic, including upon individuals, families, neighborhoods, and entire communities" (p. 24). These emergent special vulnerable populations include "all at risk for HIV/AIDS and related disease syndemics" (p. 24). Those at risk for HIV/AIDS and the related disease syndemics include "young men and adult men who have sex with men, and African American women facing an altered gender ratio with a shortage of available men with risks from concurrent sexual relationships within a heterosexually driven HIV/AIDS epidemic" (p. 24). Other emergent special populations include those with "histories of incarceration and related trauma; mentally ill chemical abusers, those with co-morbid disorders, and multiple mental disorders" as well as "those at risk for violence." Other consequences include those left as AIDS orphans as well as those adolescents and adults living with HIV/AIDS. Also of note are those "left homeless, those unable to access affordable housing, and those displaced due to factors such as incarceration and gentrification" (p. 24).

Police contact may also be associated with drug use, given the stress and strain of the experience (Baron & Macdonald, 2020). Nadal and Davidoff (2015) identified depression and patterns of police avoidance as consequences of negative police encounters and incarceration.

Negative consequences begin with just police contact, or a stop, question, and frisk (SQF) experience, including potential police violence—with police violence or law enforcement violence recognized as a public health issue (Duarte et al., 2020).

As per Alang et al. (2017), there may also be excess morbidity "at both the individual and community level" from police brutality, including: (a) "fatal injuries that

increase population-specific mortality rates"; (b) "adverse physiological responses that increase morbidity"; (c) "racist public reactions that cause stress"; (d) "arrests, incarcerations, and legal, medical, and funeral bills that cause financial strain"; and (e) "integrated oppressive structures that cause systematic disempowerment" (p. 662). Indeed, it has been argued that police brutality "is a social determinant of health," which includes intentions to "dehumanize and degrade" as well as "emotional and sexual violence, verbal assault, and psychological intimidation" (p. 662).

There may also be personal-level consequences of incarceration (Prost et al., 2020). Potential consequences include: a higher proportion of chronic health conditions, depression, symptoms of post-traumatic stress, functional impairment, overall worse psychological health—as indicators of their quality of life, among the incarcerated, in comparison to those in community-based samples (Prost et al., 2020).

## IV. Attitudinal Shifts and Movement Toward Reparations for Collateral Damages

Researchers have shown how the influence of media, particularly popular print media and television, have encouraged support of marijuana legalization after 1990 (Stringer & Maggard, 2016). The influence of advertisements and social media also play a pivotal role in the normalization of marijuana legalization (Bierut et al., 2017).

Reasons responsible for attitudinal shifts among the public about cannabis legalization are attributed to a decline in religious associations (Felson et al., 2019). In addition, Felson et al. (2019) found that "a decline in punitiveness, and a shift in media" messaging has also contributed to the shift in public perception about cannabis.

In recent discussions of marijuana legalization, a controversial issue has been raised. This issue involves whether communities most targeted from marijuana prohibition enforcement policies should receive reparations for harms caused by the War on Drugs (Bender, 2016; Thompson, 2017).

According to a *Harvard Law Review* article (Drug policy—Marijuana Justice Act of 2017, 2017-2018), Senator Cory Booker (D-New Jersey) proposed legislation "to repair the harms exacted by marijuana prohibition" through the Marijuana Justice Act (MJA) of 2017 (p. 926). The proposed legislation focuses on five policy goals that include: (a) federal descheduling of marijuana from the DEA's list of controlled substances; (b) reduction of funds for new prison construction and reduced funding for certain police activities given the preponderance of evidence of law enforcement bias toward racial and low-income populations; (c) funding community reinvestment efforts through up to 10% funds being redirected from the Department of Justice (DOJ) and allocated for Housing and Urban Development (HUD) grant-funded programming; (d) expungement of all marijuana use or possession conviction records that occurred before the enactment of MJA 2017; and (e) allowance of "a cause of action in federal court to individuals aggrieved" through disproportionate marijuana-related arrests based on race and class (pp. 929-930).

In the realm of reparations, the initial passing of the Marijuana Opportunity Reinvestment and Expungement (MORE) Act of 2019 is a testament to drug reform and to the incremental acknowledgment of unequal treatment under U.S. drug laws (Congressional Research Service [CRS], 2020).

As per the *Harvard Law Review* article, some may ask, "How does current marijuana legalization and decriminalization reflect political agendas?" Structural models used to legalize marijuana were stated to be in support of racial equity—namely, efforts to assess what works can be done toward "repairing the harms exacted by marijuana prohibition" through reparatory legalization underway (Drug policy—Marijuana Justice Act of 2017, 2017-2018, p. 927).

From a historical legal perspective, Bender (2016) explained how "financial reparations are rarely granted to communities of color" (p. 705). However, Darity and Mullen (2020) pointed out reparations were paid by the United States to Japanese Americans for "unjustly" incarcerating the racial group in internment camps during the Second World War (p. 1). Additionally, Darity and Mullen contended that payment of reparations has been used "throughout the world to provide redress for grievous injustices" (p. 1).

## Conclusion

This chapter presented a review of literature pertinent to the focus of the dissertation. The topics covered were as follows: (I) War on Drugs policy, discrimination, and policing in the United States; (II) marijuana and cannabis in the United States; (III) the New Jim Crow, War on Drugs policy, and collateral consequences; and (IV) attitudinal shifts and movement toward reparations for collateral damages.

Chapter III next presents the methods and procedures followed in this study.

# Chapter III

# METHODS

This chapter provides a description of the methods and procedures followed in this study. This chapter presents: description of the study design; overview of the study participants; description of the research measures; procedures for treatment of the data; and data analysis plan.

## Overview of the Study Design and Procedures

A cross-sectional design and online survey were used. The Qualtrics platform hosted the survey, permitting access to a sample of convenience. Details are presented in this section.

### IRB Approval

IRB approval from Teachers College, Columbia University under an "exempt" status was obtained March 24, 2021. The IRB protocol number was 21-133, as per the IRB approval letter (see Appendix A). Data collection began on receipt of this approval. Date collection ended April 25, 2021.

**Recruitment of Study Participants**

A social media campaign was used to recruit subjects, using the following core message: on websites, Facebook, LinkedIn, e-mails (see Appendix B), Instagram; and in text messages and Tweets on Twitter (see Appendix C):

> **Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15-MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests.**

Those who followed the link to the study opportunity were asked to read the Informed Consent and Participants' Rights (see Appendix D). Participants had to provide an electronic signature to proceed to the survey.

**Study Inclusion/Exclusion Criteria**

Before anyone could access the actual survey, prospective study participants had to complete a screening survey (see Appendix E). Study inclusion criteria were such that only those who answered "Yes" to all the questions below were deemed eligible for study participation:

> **Find out if you qualify for participation in the study on marijuana-related police "STOP, QUESTION, AND/OR FRISK" experiences for Black and Latinx adults by answering the following questions:**
>
> 1-Do you identify as Black or African American, or as Latinx, Hispanic, or Latino? **Yes___ No _____**
> 2-Are you at least 18 years old? **Yes____ No _____**
> 3-Do you live in the United States? **Yes____ No _____**
> 4-Did you ever have the experience of **police STOPPING, QUESTIONING, AND/OR FRISKING you—because police suspected your involvement with MARIJUANA**?
> **Yes____ No ____**
> 5-Are you willing to spend **approximately 15 minutes answering survey questions** about yourself and your experiences as a result of your police stop, including freely expressing your views? **Yes____ No _____**

**Only those who answer all the questions and complete the survey can enter a drawing for a** chance to win one of three $100 Amazon gift cards.

If they answered YES to all of the above questions→ they access survey. If they answered NO to any of the above questions→ they receive this message: *Thank you for your time, but unfortunately you are not eligible to participate in this study. Please invite other Black or Latinx adults to participate in this study. Please send them the study link* that you used to access this survey. THANK YOU!*

***Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/ STOPPED-FOR-POT to take 15 MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests.**

**Generating Prizes: The Study Incentive for Participation**

As embodied in the study recruitment message, study participants had a one in 250 chance to win 1 of 3 Amazon gift cards—each with the value of $100 for redemption on www.Amazon.com. Upon closing the study opportunity, the prizes were generated using a program created by Dr. Rupananda Misra, the webmaster for the Research Group on Disparities in Health (RGDH, Director, Barbara C. Wallace, Ph.D., Professor of Health Education, Teachers College, Columbia University). This suggested the manner in which the present study followed the standard research protocols of the RGDH, including those for generating the study prizes for the three Amazon gift cards. The advantage of this protocol was that emails entered by study participants for the lottery drawing executed by Dr. Rupananda Misra at the close of the study were encrypted. In other words, the Principal Investigator could not access this secure online program, and this permitted ensuring the privacy of study participants.

## Description of the Study Participants

This study used a convenience sample of N = 73 adults. There were 140 entries documented to have completed the informed consent, with 6 entries identified as having duplicate Internet Protocol (IP) addresses being eliminated, leaving 134 entries. Of the 134 entries, 85 respondents were eligible based on initial eligibility questions, but 3 did not answer any subsequent questions. Of the remaining 82 respondents who were eligible, they answered at least one demographic question, but 9 dropped out in the demographics section. Of the remaining entries, 73 proceeded sufficiently far into the survey to provide data for the primary outcome variable. The only significant difference between the demographics of the completers (N = 73) compared to the non-completers (N = 9) was that the completers were older (Mean = 30.04; SD = 9.42) versus the non-completers (Mean = 23.43; SD=3.97)—being significant (t = -2.068, df = 80, p = .042) at p < .05); however, this was not significant at the Bonferroni Adjustment Significance level (.05/3 p = .017).

See Table 1.

Table 1. *Comparing Study Completers (N = 73) to Non-Completers (N = 9) via Independent T-Tests*

| | Has Primary Outcome Variable? Yes = Completer No = Non-Completer | N | M | SD | *T* | Df | P |
|---|---|---|---|---|---|---|---|
| Age | Yes | 73 | 30.04 | 9.42 | -2.069 | 80 | .042* |
| | No | 9 | 23.44 | 3.972 | | | |
| Skin Color | Yes | 73 | 5.07 | 1.575 | -.061 | 73 | .952 |
| | No | 2 | 5.00 | 1.414 | | | |
| Household Income | Yes | 71 | 4.23 | 1.899 | -.641 | 70 | .524 |
| | No | 1 | 3.00 | | | | |

*p < .05, **p < .01, ***p < .001 Bonferroni Adjustment Significance (.05/3 p = .017)
Note: All p values above .013 are considered non-significant, and only those below .013 are considered statistically significant.
*t*-test (significant at p < 0.013)

## Description of the Research Instrumentation

The original research instrumentation created for this study was called the **Collateral Consequences Survey on Marijuana-Related "Stop, Question, and Frisk" Experiences (CCS-OMR-SQFE).** The new CCS-OMR-SQFE tool combined multiple survey parts—including scales established in the research literature as well as new scales. For example, the new survey used the well-known Perceptions of Police Scale (POPS) advanced by Nadal and Davidoff (2015) that measures attitudes towards law enforcement and beliefs about police bias. However, the reality of the COVID-19 pandemic demanded that study participants have as low a burden of time in completing the overall survey as possible, resulting in a short version of the POPS.

Similarly, another well-established and extensively used short tool for measuring life satisfaction that is deemed a reliable and valid indicator of individuals' well-being in national and international research was chosen (i.e., Blanchfower, 2009; Diener et al., 2013; Vang et al., 2018). Having only one item, this Life Satisfaction Scale was viewed as ideal for pandemic-era research.

The CCS-OMR-SQFE included several other scales (i.e., Basic Demographics, Personal Health Background, Single-Item Rating for Risk of Providing Socially Desirable Responses, and an Open-Ended Final Question for qualitative data collection) that are standard scales utilized in nearly every study conducted by the Research Group on Disparities in Health (RGDH, Director, Barbara C. Wallace, Ph.D., Professor of Health Education, Teachers College, Columbia University). Hence, a large body of research produced through the RGDH incorporated these standard tools, permitting

comparisons across studies—and justifying their incorporation into the CCS-OMR-SQFE.

However, the CCS-OMR-SQFE is also unique, having many other scales or survey parts created specifically for first-time use in this study—and for future potential use by the RGDH. The purpose of creating new scales in this manner is to ensure these measures are culturally appropriate and arise from current literature and research so they are specific to the research focus for specific contemporary populations. A full description of the CCS-OMR-SQFE with multiple parts follows in this section, while the **complete survey appears in Appendix F.**

### Pilot Testing of the Collateral Consequences Survey on Marijuana-Related "Stop, Question, and Frisk" Experiences (CCS-OMR-SQFE)

Of note, the **Collateral Consequences Survey on Marijuana-Related "Stop, Question, and Frisk" Experiences (CCS-OMR-SQFE)** went through two pilots with approximately three volunteers in each pilot. The findings from the pilots permitted streamlining and reducing the length of the survey so that it would take approximately 15 minutes to complete. This process was deemed essential, given the populations targeted for study inclusion—i.e., Black and Latinx adults—are the two groups experiencing the most deleterious impacts from the COVID-19 pandemic; again, the goal was to reduce response burden as much as possible.

Where appropriate, data analysis explored the internal consistency (i.e., Cronbach's Alpha) of the new scales that made up the CCS-OMR-SQFE as well as those used in prior research. These details for each scale making up the CCS-OMR-SQFE follow in this section.

**PART I: BASIC DEMOGRAPHICS (BD-10)**

This survey part is commonly used by the RGDH. It permits obtaining basic demographics, including gender, age, partner status, race/ethnicity, skin color, U.S.-born (yes/no), highest level of education, employment status, and annual household income.

**PART II: LIFE SATISFACTION SCALE (LSS-1)**

The one-item scale was taken from the work of Vang et al. (2018). It was previously used in a RGDH study conducted by Tirhi (2019). Vang et al. described how the scale asks study participants as follows:

> Using a scale of 0-10 where 0 means 'Very dissatisfied' and 10 means 'Very satisfied,' how do you feel about your life as a whole right now?

Vang et al. (2018) reported a mean life satisfaction score of 7.97 (SD = 1.75, min = 0, max = 10). Tirhi (2019) reported with a sample of adult Muslim Americans that the mean life satisfaction score was 7.29 (min = 0, max = 10, SD = 1.985), which was described as moderately high; and over half the sample (53.5%, N = 132) scored 8 or above. The present study determined a mean score, standard deviation, and minimum and maximum scores for the Life Satisfaction Scale (LSS-1).

**PART III: PERSONAL HEALTH BACKGROUND (PHB-6)**

This is a shortened 6-item version of a scale commonly used by the RGDH, which was also previously used by Tirhi (2019) with 9 items, for example. Some ending questions were eliminated to reduce response burden during pandemic. The tool obtains a self-rating of overall physical health status (6-point Likert, 1-very poor to 6-excellent); overall mental/emotional health status (6-point Likert, 1-very poor to 6-excellent); Body Mass Index (BMI); and information on type of medical health insurance they have, if

any. The present study determined a mean score, standard deviation, and minimum and maximum scores for physical health status, mental/emotional health status, and BMI.

### PART IV: SINGLE ITEM RATING OF RISK OF PROVIDING SOCIALLY DESIRABLE RESPONSES (SIR-RPSDR-1)

The SIR-RPSDR-1 is a relatively new 1-item tool used to measure the risk of study participants providing socially desirable responses—which is controlled for in regression analyses commonly conducted by the RGDH. Hence, Dr. Wallace began to use this short tool in studies conducted by the RGDH in the year 2018, including by Torez (2019) and Laryea (2019).

For example, pioneering the use of this new 1-item tool, Laryea (2019) found with a sample of nurses the following: i.e., the new 1-item measure of social desirability was one of two significant predictors of nurses' higher personal skill/ability rating for managing patients' pressure ulcers. As a source of great encouragement for using this new 1-item tool, Laryea also used the historically well-respected Crowne and Marlowe (1960) 13-item short-form for measuring for social desirability, which was reduced from their original 33-item version; most importantly, in mirroring the findings of Laryea (2019) with the new 1-item measure of social desirability, it was shown that the Crowne and Marlowe (1960) 13-item measure of social desirability was the sole significant predictor of nurses' ratings for a higher personal skill/ability for managing patients' pressure ulcers.

Using the 0- to 10-point Likert scale shown below, the SIR-RPSDR-1 asked the following of study participants:

> I sometimes say things that I think will please people, or what I think they want to hear—versus the honest truth, which might be difficult or painful for other people to hear and accept, or might lead them to judge me harshly…
> **I rate myself on a scale of 0 to 10, as follows:**
> 0 1 2 3 4 5 6 7 8 9 10
> 0-I am not like this at all 10-I am like this all the time

Laryea (2019) reported the following in her study with nurses, sharing findings with both the 13-item tool and the 1-item tool first used in that study:

> The sample's (13-item) social desirability **mean was 9.51** (SD = 3.06, min = 0, max = 13), suggesting a **moderately high level of social desirability**. The study also used a new single-item measure of (1-item) social desirability, which produced a **mean of 6.61** (SD = 3.07, min = 0, max = 10) for a **moderately high level of social desirability**. (p. 72)

Also, Torez (2019) explored the prevalence and predictors of Internet Gaming Disorder with both an English-Speaking (ES) and Chinese Mandarin-Speaking (CMS) sample of adults, finding **moderate social desirability** for each sample, as per the following:

> The ES sample had a mean of 4.71 for a moderate level of social desirability (SD = 2.872, min = 1-low social desirability, max = 10-high social desirability); and the CMS sample had a mean of 5.70 for moderate social desirability (SD = 3.09, min = 1-low social desirability, max = 10-high social desirability). (p. 87)

Given these prior findings, the present study permitted adding yet more findings on the use of the 1-item measure for the risk of providing socially desirable responses—with this now preferred 1-item measure of the risk of providing socially desirable responses used by the RGDH. This effectively reduces the response burden on study participants.

The tool provided mean, standard deviation, and minimum and maximum scores for risk of providing socially desirable responses.

## PART V: PERCEPTION OF POLICE SURVEY—SHORT (POPS-S-6)

This survey was taken from the work of Nadal and Davidoff (2015), given their Perceptions of Police Scale (POPS), which permits measuring attitudes towards law enforcement and beliefs about police bias.

As per Nadal and Davidoff (2015), the POPS was found to have two factors with internal consistency reported as follows:

> The two factors were labeled Component 1: General Attitudes toward Police, and Component 2: Perceptions of Bias. All items demonstrated adequate factor loadings, as depicted in Table 1, and were retained. For sample 1 (N = 162), the POPS demonstrated high internal consistency overall with a Cronbach's alpha of .92, and within each component: .91 for **General Attitudes toward Police (9 items**) and .87 for **Perceptions of Police Bias (3 items)**. Subscale scores were created for each component: (a) Higher scores on Component 1 (General Attitudes toward Police) were more indicative of more positive opinions about police, and (b) Higher scores on Component 2 (Perceptions of Police Bias) demonstrate participants' views of police egalitarian treatment. (p. 5)

The POPS is scored *1-Strongly Agree to 5-Strongly Disagree*, so that "higher scores indicate more favorable perceptions of the police, while lower scores indicate less favorable perceptions of the police" (Nadal & Davidoff, 2015, p. 4).

However, this study reverse-scored items so that 5 = Strongly Disagree and 1 = Strongly Agree. **A higher score indicates less favorable/more negative perceptions of the police.** The version for use in the present study was shortened to 6 items from the original 13, in order to reduce response burden, given pandemic-related stress on the target populations. This short version included the following numbered items from the original POPS: #3, 6, 7, 10, 12, 13. Internal consistency was explored via Cronbach's Alpha with the present study's sample, while mean, standard deviation, and minimum and maximum scores were also reported.

### PART VI: MARIJUANA EQUITY AND REPARATIONS ATTITUDES SCALE (ME-RAS-4)

This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. It was based on a review of literature reflecting contemporary discussions in the United States. This new tool permits measuring attitudes about the legal marijuana industry and marijuana equity as well as the topic of reparations. The 4-item tool was arrived at via pilot testing, resulting in reducing the number of items to the present four in order to reduce response burden. The 4-item tool uses the following Likert Scale: *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.* The four questions asked in the tool follow:

- 1-There should be a legal marijuana industry in all states in the U.S.
- 2-A legal marijuana industry should provide employment and entrepreneurial (business) opportunities for Black and Latinx community members.
- 3-**Any person** who suffered negative consequences from a "Stop, Question and/or Frisk" experience deserves monetary ($) or other compensation (reparations) for their pain, suffering and damages
- 4-**Families, children, and communities** of those who suffered negative consequences from a "Stop, Question and/or Frisk" experience also deserve monetary ($) or other compensation (reparations) for their pain, suffering, and damages.

The present study determined internal consistency of this new 4-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

### PART VII: FREQUENCY AND TYPES OF MARIJUANA-RELATED POLICE CONTACT (FT-MRPC-6)

This is a new scale created for first-time use in the study and for use by the RGDH, having been created by the Principal Investigator, Minerva Francis, and Director of the RGDH, Dr. Barbara Wallace. Six items measure the **frequency of various types**

**of marijuana-related police contact**, with a higher score meaning greater frequency of marijuana-related police contact. The scale uses the following Likert ratings of frequency: *0-Never; 1-Once; 2-Twice; 3-Few Times;4-Many Times.* The types of police contact and their frequency ratings are provided for the following questions, with the question prompt also indicated:

How often have **YOU experienced** any of the following?

- 1-I was **stopped** by police
- 2-I was **questioned** by police
- 3-I was **frisked** by police (e.g., searched, as police looked for something on your physical body)
- 4-I was asked to **empty my pockets**
- 5-I was asked to **open and/or empty my bag/backpack**
- 6-I had some other **property searched** by police (e.g., car, locker, apartment, home, etc.)

The present study determined the internal consistency of this new 6-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

### PART VIII: INVASIVE AND CONFINING EXPERIENCES WITH POLICE (ICE-WP-4)

This is a new scale created for first-time use in the study, and for use by the RGDH, having been created by the Principal Investigator, Minerva Francis, and Director of the RGDH, Dr. Barbara Wallace. The scale's six items were reduced to four after pilot testing; the four remaining items assess **the extent of invasive and confining experiences with police** during marijuana-related police contact. This new 4-item scale uses the following Likert rating to assess frequency of such experiences: *0-Never, 1-Once, 2-Twice, 3-Few Times, 4-Many Times.* Pilot testing permitted streamlining and removing items to produce as short a tool as possible, resulting in the question prompts and final four items:

As part of your marijuana-related "Stop, Question, and/or Frisk" (police contact) experiences, how often did **YOU experience** any of the following:

- 1-I was **placed in handcuffs**
- 2-I was **taken to a police station** or police headquarters
- 3-I was **strip-searched**
- 4-I had a **cavity search**

The present study determined the internal consistency of this new 4-item tool using Cronbach's Alpha—mean, standard deviation, and minimum and maximum scores were also reported.

**PART IX-A: TARGETING OR RACIAL PROFILING BY POLICE—AS COLLATERAL CONSEQUENCE 1 (TRPBP-CC1-7)**

This is the **first of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this first PART IX-A (TRPBP-CCI-7) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool measures **perceived targeting or racial profiling before police contact as a potential collateral consequence of a marijuana-related stop, question, and/or frisk experience**. This tool uses seven items rated 1 to 5 on the following Likert scale—with a higher score meaning **greater perceived targeting or racial profiling:** *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.*

Study participants were given the following instructions for responding to the seven items composing this short measure:

Please rate the following statements for what may have happened to you **BEFORE your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I felt I was targeted (picked out, chosen) because of MY…***

- 1-skin color, race or ethnicity
- 2-physical body size, body type, or physique
- 3-clothing (e.g., hoodie, etc.)
- 4-hair (e.g., locks, braids, afro, etc.)
- 5-wearing a face mask or other face covering
- 6-wearing a hat, cap, do-rag, scarf, or other head covering
- 7-associates'/friends' appearance, or how those with me looked (skin color, race, physical appearance, clothing, etc.)

The present study determined internal consistency of this new 7-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

**PART IX-B: POLICE VIOLENCE DURING STOP AS COLLATERAL CONSEQUENCE 2 (PVDMS-CC2-6)**

This is the **second of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this second PART IX-B (PVDMS-CC2-6) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **experiences of police violence as a potential collateral consequence of a marijuana-related stop, question, and/or frisk experience.** The tool uses six items scored 1 (low) to 5 (high for **higher frequency of experiences of police violence**) on the following Likert scale: *1-Never; 2-Once; 3-Twice; 4-Few Times; 5-Many Times.* This permits uniformity in all scales having a 1 (low) to 5 (high) format and allows ease in calculating the **Global Collateral Consequences Score** as the study outcome variable. Again, pilot testing permitted streamlining and shortening of the scale to just six items. The question prompt and six questions follow:

Please rate the following statements for what may have happened to you **DURING your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I experienced…***

- **1**-Police **verbal abuse**—called names, cursed at, disrespected—including making threats, or threatening to use violence
- **2-**Police **physical violence**—beaten up, hit, shoved, kicked, pushed to ground, etc.
- **3-**Police **chokehold**—grabbed by neck, held by neck, or pressure on neck, etc.
- **4-**Police **gun violence**—hit with a gun; or a gun was fired so a bullet hit me or came dangerously close to me.
- **5-**Police **taser use**—received an electrical taser shock (50,000 volts) to my body or it came dangerously close to me or near me.
- **6**-Police use of **pepper spray—**directed at my face or came dangerously close to me or near me.

The present study determined the internal consistency of this new 7-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

**PART IX-C: FINANCIAL AND WORK COLLATERAL CONSEQUENCES 3 (FW-CC3-4)**

This is the **third of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this third PART IX-C (FW-CC3-4) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **potential financial and work collateral consequences of a marijuana-related stop, question, and/or frisk experience.** Here, too, pilot testing permitted streamlining and shortening of the scale to just four items. This tool uses four items rated 1 (low) to 5 (high) on the following Likert scale—with a higher score meaning **greater**

**negative financial and work impact as collateral consequences:** *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.*

Study participants were given the following instructions for responding to the four items composing this short measure:

> Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**
>
> ***I experienced…***
> - 1-**having money problems**, or less money coming in—compared to before police contact
> - 2-**missing WORK** or losing some time from work/employment dealing with things related to police contact
> - 3-**losing WORK** or employment because of police contact
> - 4-**having a problem getting WORK** or employment, or it was harder—compared to before police contact

The present study determined the internal consistency of this new 4-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

**PART IX-D: HOUSING AND FOOD INSECURITY COLLARTERAL CONSEQUENCES 4 (HFI-CC4-4)**

This is the **fourth of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this fourth PART IX-D (HFI-CC4-4) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **potential housing and food insecurity collateral consequences of a marijuana-related stop, question, and/or frisk experience.** Once again, pilot testing permitted streamlining, condensing, and shortening of items into a final scale of four items.

This tool uses four items rated 1 to 5 on the following Likert scale—with a higher score meaning **greater negative housing insecurity and food insecurity impact as collateral consequences:** *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.*

Study participants were given the following instructions for responding to the four items composing this short measure:

> Please rate the following statements for what may have happened to you **<u>AFTER</u> your marijuana-related "Stop, Question, and/or Frisk" (police contact) experience:**
>
> ***I experienced…***
> - 1-**having more unstable and less secure HOUSING**—**compared to before** police contact
> - 2-**being refused HOUSING** specifically because of my police contact—or **more than before** police contact
> - 3-**having unsafe or uncomfortable HOUSING**, given where I had to live/sleep—**compared to before** police contact
> - 4-**having less or lower quality FOOD** to eat (e.g., given where I had to live/sleep, or less money)—**compared to before** police contact

The present study determined the internal consistency of this new 4-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

### PART IX-E: PHYSICAL AND MENTAL HEALTH COLLATERAL CONSEQUENCES 5 (PMH-<u>CC5</u>-6)

This is the **fifth of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this fifth PART IX-E (PMH-<u>CC5</u>-6) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **potential physical health and mental/emotional health collateral**

**consequences of a marijuana-related stop, question, and/or frisk experience.** Once again, pilot testing permitted streamlining, condensing, and shortening of items into a final scale of six items. This tool uses six items rated 1 to 5 on the following Likert scale—with a higher score meaning **greater negative physical health and mental/emotional health impact as the collateral consequences:** *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.*

Study participants were given the following instructions for responding to the six items composing this short measure:

> Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question, and/or Frisk" (police contact) experience:**
>
> ***I experienced…***
> - 1-**having PHYSICAL HEALTH problems**—**more than before** police contact
> - 2-**having to seek care for my PHYSICAL HEALTH** with appointments with doctors/providers—**more than before** police contact
>   *NOTE: option 6-Not Applicable, I had no insurance to cover it*
> - 3-**having to take prescription medication for my PHYSICAL HEALTH**—**more than before** police contact
>   *NOTE: option 6-Not Applicable, I had no insurance to cover it*
> - 4-**having MENTAL HEALTH or emotional health problems**—**more than before** police contact
> - 5-**having to seek care for my MENTAL HEALTH or emotional health** with appointments with counselors/doctors/providers—**more than before** police contact
>   *NOTE: option 6-Not Applicable, I had no insurance to cover it*
> - 6-**having to take prescription medication for my MENTAL HEALTH or emotional health** issues—**more than before** police contact
>   *NOTE: option 6-Not Applicable, I had no insurance to cover it*

The present study determined internal consistency of this new 4-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

**PART IX-F: SYMPTOMS OF MENTAL DISORDERS AS COLLATERAL CONSEQUENCES 6 (SMD-CC6-10)**

This is the **sixth of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this sixth PART IX-F (SMD-CC5-10) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **potential symptoms of mental disorders (i.e., depression, anxiety, posttraumatic stress disorder, substance use disorders) as collateral consequences of a marijuana-related stop, question and/or frisk experience.** Once again, pilot testing permitted streamlining, condensing sections, and shortening of items into a final scale of 10 items from the original 20 items. This reduced final tool uses 10 items rated 1 to 5 on the following Likert scale—with a higher score meaning **higher prevalence of symptoms of mental health disorders as collateral consequences:** *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.*

Study participants were given the following instructions for responding to the 10 items composing this measure:

> Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question, and/or Frisk" (police contact) experience:**
>
> ***I experienced…***
> - 1-**changes in my MOOD,** feeling depressed, sad, hopeless, or angry—**more than before** police contact
> - 2-**changes in my APPETITE**, either eating more or eating less—**compared to before** police contact
> - 3-**changes in my SLEEPING**, either not being able to sleep (insomnia) or sleeping long hours—**compared to before** police contact
> - 4-**changes so I felt ANXIETY**, nervous, fearful, or tense—**more than before** police contact

- 5-**changes so I felt moments of PANIC**, extreme nervousness, or intense fear—**more than before** police contact
- 6-**changes so I had OUTBURSTS OF ANGER**, yelling and screaming or starting arguments (in-person or online)—**more than before** police contact
- 7-**changes so I had NIGHTMARES when sleeping**—**more than before** police contact
- 8-**changes so I had FLASHBACKS** of memories and images from an upsetting event—**more than before** police contact
- 9-**changes so I had TROUBLE CONCENTRATING**, focusing, or remembering details—**more than before** police contact
- 10-**changes so I used ALCOHOL or DRUGS** (e.g., marijuana, etc.)—**more than before** police contact

The present study determined the internal consistency of this new 4-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

### PART IX-G: MULTIPLE LONG-LASTING DAMAGES AS COLLATERAL CONSEQUENCES 7 (MLLD-CC7-10)

This is the **seventh of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this seventh PART IX-G (MLLD-CC7-10) is a new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **potential multiple long-lasting damages as collateral consequences of a marijuana-related stop, question, and/or frisk experience.** Once again, pilot testing permitted streamlining, condensing sections, eliminating sections, and shortening of items into a final scale of 10 items. This tool uses 10 items rated 1 to 5 on the following Likert scale—with a higher score meaning **greater extent of multiple long-lasting damages as collateral consequences:** *1-Strongly Disagree; 2-Disagree; 3-Slightly Agree; 4-Agree; 5-Strongly Agree.*

Study participants were given the following instructions for responding to the 10 items composing this measure:

> It is possible that **AFTER your marijuana-related "Stop, Question, and/or Frisk" (police contact) experience there may be LONG-TERM or LONG-LASTING harms, damages, negative consequences, and losses in your life.**
>
> Please rate the following statements for any **LONG-TERM or LONG-LASTING harms and damages in your life.**
>
> ***There has been long-lasting harm and damage to…***
> - 1-My **money, income and finances**
> - 2-My **getting and keeping work/employment** of the kind I desire
> - 3-My **having secure and stable housing** of the kind I desire
> - 4-My **having secure and regular access to quality food** of the kind I desire
> - 5-My **physical health**
> - 6-My **mental health or emotional health**
> - 7-My **ability to abstain from, or control, or enjoy alcohol or drug use**
> - 8-My **relationships with others** (e.g., children, partners, family, friends, employers, etc.)
> - 9-My **views and feelings about the police and the criminal justice system**
> - 10-My **views and feelings about this country and claims of democracy, justice, fairness, and equality**

The present study determined the internal consistency of this new 4-item tool using Cronbach's Alpha; mean, standard deviation, and minimum and maximum scores were also reported.

> **PART IX-H: RATING OF CUMULATIVE COLLATERAL CONSEQUENCES 8 (RC-CC8-1)**

This is the final **eighth of eight survey parts** (PART IX-A to PART IX-H) that collectively produce the **Global Collateral Consequences Score** as the study outcome variable. As with all eight survey parts, this final eighth PART IX-H (RC-CC8-1) is a single rating, 1-item new scale created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. This tool ascertains **a rating of the cumulative collateral**

**consequences of a marijuana-related stop, question, and/or frisk experience.** Once again, pilot testing permitted extensive streamlining, condensing sections, eliminating sections, and shortening of items across multiple versions, resulting into a final scale of one item. This tool uses one item rated 1 to 5 on the following Likert scale—with a higher score meaning **a higher rating of cumulative collateral consequences.** Study participants were given the following instructions:

> **Please think about EVERYTHING that happened to you and to your overall life as a result of your marijuana-related "Stop, Question, and/or Frisk" (police contact) experience—including any LONG-TERM or LONG-LASTING harms and damages.**
>
> Now, rate the **overall negative impact on your life,** using the scale, below:
> - *__1-**None to Very Low** negative impact*
> - *__2-**Low** negative impact*
> - *__3-**Moderate** negative impact*
> - *__4-**High** negative impact*
> - *__5-**Very High** negative impact*

Mean, standard deviation, and minimum and maximum scores were also reported.

**PART X: GLOBAL COLLATERAL CONSEQUENCES SCORE (GCCS-8)**

This section does not provide a description of yet another survey part. Instead, it explains how the scoring of the prior eight parts, described above, combine to produce the study outcome variable, i.e., the **Global Collateral Consequences Score (GCCS-8).** The GCCS-8 is obtained as explained below.

> Combining the above eight PARTS IX-A to IX-H, or for Collateral Consequences (CC) for CC1 to CC8, this study will calculate a **Global Collateral Consequences Score (GCCS-8)** as follows:
>
> **The GCCS-8 score is based on combining 8 PARTS, or 48 items scored 1 to 5 on each of 8 survey PARTS:**
> - PART IX-A (CC1) = 7 items Scored 1 (low) to 5 (high = **greater perceived targeting or racial profiling**)
> - PART IX-B (CC2) = 6 items Scored 1 (low) to 5 (high = **higher frequency of experiences of police violence**)

- PART IX-C (CC3) = 4 items Scored 1 (low) to 5 (high = **greater negative financial and work impact**)
- PART IX-D (CC4) = 4 items Scored 1 (low) to 5 (high = **greater negative housing insecurity and food insecurity impact**)
- PART IX-E (CC5) = 6 items Scored 1 (low) to 5 (high = **greater negative physical health and mental/emotional health impact**)
- PART IX-F (CC6) = 10 items Scored 1 (low) to 5 (high = **higher prevalence of symptoms of mental health disorders**)
- PART IX-G (CC7) = 10 items Scored 1 (low) to 5 (high = **greater extent of multiple long-lasting damages**)
- PART IX-H (CC8) = 1 item Scored 1 (low) to 5 (high = **higher rating of cumulative collateral consequences**)

The result is a **Global Collateral Consequences Score (GCCS-8) Scale—**based on 48 items, for which Cronbach's Alpha was determined; a **Global Collateral Consequences** mean, standard deviation, minimum and maximum score was also reported.

Of note, while controlling for social desirability, the regression analysis sought to predict the **Global Collateral Consequences Score (GCCS-8) Scale** for more severe collateral consequences from the experience of a marijuana-related police stop, question, and/or frisk experience.

**PART XI: OPEN SELF-EXPRESSION (OSE-3)**

As is common in the RGDH, all studies combine quantitative and qualitative research methods. The OSE-3 is a new open-ended question opportunity created for first-time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—and for use by the RGDH. In this study**,** participants had an opportunity to engage in open self-expression by responding to the following prompt and set of questions as the qualitative portion of the study:

**Please freely share and tell your story, below, in the three 500-word text boxes. Please know that very brief and one-word answers are also acceptable.**

1-Please freely share your story of any Marijuana-related police STOP, QUESTION, and/or FRISK experiences—including the negative impact to your life or those harms and damages that you suffered.
2-How did you cope with what happened to you?
3-What do you think about the money being made from medical marijuana or legal marijuana—and what do you recommend?

Responses were put through qualitative data analysis to identify emergent themes that arose for each question—following the Guide in Appendix G.

## The Data Treatment Plan

Given an online sample (N = 73) of Black and Latinx adults with a history of being stopped, questioned, and/or frisked by police searching for marijuana who responded to a social media campaign (i.e., *"Black & Latinx adults STOPPED, QUESTIONED. AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15-MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests."*), the study answered the following research questions using the ***data analysis plans*** shown below:

1-What were their demographic characteristics?
PART I: BASIC DEMOGRAPHICS (BD-10)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

2-What was their level of Life Satisfaction (i.e., overall satisfaction with their life now)?
PART II: LIFE SATISFACTION SCALE (LSS-1)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

3-What were their ratings for their physical health status, mental/emotional health status, Body Mass Index (BMI), and did they have health insurance?
PART III: PERSONAL HEALTH BACKGROUND (PHB-6)
***Data Analysis Plan****: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

4-What was their level of risk for providing socially desirable responses?
PART IV: SINGLE ITEM RATING OF RISK OF PROVIDING SOCIALLY DESIRABLE RESPONSES (SIR-RPSDR-1)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*
***NOTE: The regression analysis controls for this variable.***

5-To what extent did they have favorable perceptions of the police?
PART V: PERCEPTION OF POLICE SURVEY—SHORT (POPS-S-6)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

6-What were their attitudes with regard to marijuana equity and the legal marijuana industry as well as reparations?
PART VI: MARIJUANA EQUITY AND REPARATIONS ATTITUDES SCALE (ME-RAS-4)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

7-What did they report as the frequency of their experiencing various types of marijuana-related police contact?
PART VII: FREQUENCY AND TYPES OF MARIJUANA-RELATED POLICE CONTACT (FT-MRPC-6)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

8-To what extent did they report having invasive and confining experiences (e.g., handcuffed, cavity search, etc.) with police as part of their marijuana-related police contact?
PART VIII: INVASIVE AND CONFINING EXPERIENCES WITH POLICE (ICE-WP-4)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

9-To what extent did they perceive themselves as having been **targeted or racially profiled** as a prelude to their marijuana-related police contact as collateral consequences (#1)?
PART IX-A: TARGETING OR RACIAL PROFILING BY POLICE AS COLLATERAL CONSEQUENCES 1 (TRPBP-CC1-7)

***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

10-To what extent did they experience **police violence** as part of their marijuana-related police contact as collateral consequences (#2)?
PART IX-B: POLICE VIOLENCE DURING STOP AS COLLATERAL CONSEQUENCES 2 (PVDMS-CC2-6)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

11-Following their marijuana-related police contact, to what extent did they experience **financial and work** as collateral consequences (#3)?
PART IX-C: FINANCIAL AND WORK AS COLLATERAL CONSEQUENCES 3 (FW-CC3-4)
***Data Analysis Plan****: Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

12-Following their marijuana-related police contact, to what extent did they experience **housing and food insecurity** as collateral consequences (#4)?
PART IX-D: HOUSING AND FOOD INSECURITY AS COLLATERAL CONSEQUENCES 4 (HFI-CC4-4)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

13-Following their marijuana-related police contact, to what extent did they experience **physical health and mental/emotional health** as collateral consequences (#5)?
PART IX-E: PHYSICAL AND MENTAL HEALTH AS COLLATERAL CONSEQUENCES 5 (PMH-CC5-6)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

14-Following their marijuana-related police contact, to what extent did they experience **symptoms of mental disorders** as collateral consequences (#6)?
PART IX-F: SYMPTOMS OF MENTAL DISORDERS AS COLLATERAL CONSEQUENCES 6 (SMD-CC6-10)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

15-Following their marijuana-related police contact, to what extent did they experience **multiple long-lasting damages** as collateral consequences (#7)?
PART IX-G: MULTIPLE LONG-LASTING DAMAGES AS COLLATERAL CONSEQUENCES 7 (MLLD-CC7-10)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

16-When considering the overall negative impact on their lives of marijuana-related "stop, question, and/or frisk" experiences, including everything that subsequently happened in their lives, how did they rate the **cumulative collateral consequences** (#8)?
PART IX-H: RATING OF CUMULATIVE COLLATERAL CONSEQUENCES 8 (RC-CC8-1)
***Data Analysis Plan:*** *Descriptive statistics (mean, standard deviation, minimum, maximum, frequency, percentage)*

17-What was the **Global Collateral Consequences Score**, capturing the total negative impacts, damages, and harms from marijuana-related "stop, question, and/or frisk" experiences?
PART X: GLOBAL COLLATERAL CONSEQUENCES SCORE (GCCS-8)
***Data Analysis Plan:*** *Descriptive statistics (Global Mean, standard deviation, minimum, maximum, frequency, percentage)*
*NOTE: Combining the above PARTS IX-A to IX-H—or CC1 to CC8—permits calculating a Global Collateral Consequences Score (GCCS) that is based on the above 8 Scales (48 items, all scored 1=low to 5=high/worse)*
***NOTE: The GCCS-8 is the study outcome variable.***

18-What were the **significant relationships** between selected independent variables and the study outcome variable of the **Global Collateral Consequences Score**?
***Data Analysis Plan:*** *Inferential statistics (Independent t-tests comparing selected group and Pearson Correlations)*

19-What were the significant predictors of the study outcome variable of the **Global Collateral Consequences Score**?
***Data Analysis Plan:*** *Backwards stepwise regression.*

20-When given the opportunity to engage in open self-expression, what were the emergent themes that arose from **qualitative data analysis** (i.e., their story of marijuana-related "stop, question, and/or frisk" experiences and negative impacts/harms/damages; how they coped with what happened to them; and their thoughts about the money being made from medical marijuana/legal marijuana, and their recommendations)?
PART XI: OPEN SELF-EXPRESSION (OSE-3)
***Data Analysis Plan:*** *Qualitative data analysis for emergent themes*

## Details of Qualitative Data Analysis

The Research Group on Disparities in Health (RDGH) (Director, Dr. Barbara C. Wallace, Professor of Health Education, Teachers College, Columbia University) utilizes

a particular strategy for qualitative data analysis to produce emergent themes. Appendix G provides the Guide to Qualitative Data Analysis which was followed.

### Data Management

Upon the close of data collection, data were downloaded from Qualtrics to SPSS. Thereafter, using the latest version of SPSS available, version 26.0, statistical analysis was performed to answer the research questions. The analyses followed the data analysis plans identified earlier in this chapter.

## Conclusion

This chapter provided the methods and procedures followed in this study. This included the details of the study, specifically the process of receiving IRB approval, recruitment of study participants via social media, study inclusion/exclusion criteria, and use of a prize application for generating Amazon gift cards for three participants chosen to receive the prizes. Perhaps most importantly, the study instrument and scoring procedures were described in detail.

Chapter IV next provides the results of data analysis.

# Chapter IV

# RESULTS

This chapter provides the results of data analysis. For purposes of chapter organization, the results are organized by research question. Findings are also presented in tables.

## Data Analysis Results by Study Question

### Results for Research Question #1

*What are their demographic characteristics* (i.e., gender, age, race/ethnicity, skin color, U.S.-born (yes/no), educational level, marital status, sexuality, employment status, household income)? **(DQ-10)**

**Part I: Basic Demographics (BD-10).** The sample (N = 73) was 65.8% (N = 48) male, 31.5% (N = 23) female, 2.7% (N = 2) transgender, 84.9% (N = 62) identified as heterosexual, and 52.1% (N = 38) had partners, while the sample had a mean age was 30.04 years (min = 18, max = 55, SD = 9.42). Some 68.5% (N = 50) were Black, 31.5% (N = 23) were Latinx, and 90.4 % (N = 66) were born in the United States. Also, 46.6% (N = 34) completed a Bachelor's degree or higher, while 63% (N = 46) were employed for wages. The mean annual household income of participants was category 4.23 (min = 1, max = 11, SD = 1.899) for $40,000 to $49,000.

See Table 2.

Table 2. *Basic Demographics (BD-10) (N = 73)*

| | N | % |
|---|---|---|
| **Gender (N = 73)** | | |
| Male | 48 | 65.8 |
| Female | 23 | 31.5 |
| Transgender | 2 | 2.7 |
| **Age (N = 73)** | | |
| 18-25 | 29 | 39.7 |
| 26-30 | 21 | 28.6 |
| 31-35 | 10 | 13.6 |
| 36-40 | 3 | 4.2 |
| 41-45 | 1 | 1.4 |
| 46-50 | 2 | 2.8 |
| 50-55 | 7 | 9.5 |
| ***Mean age (30.04), SD (9.42)*** | | |
| ***min (18), max (55)*** | | |
| **Race/Ethnicity (N = 73)** | | |
| Black/African American | 50 | 68.5 |
| Latinx/Hispanic/Latino | 23 | 31.5 |
| **Skin Color (N = 73)** | | |
| 7-Very Dark | 12 | 16.4 |
| 6-Dark | 21 | 28.8 |
| 5-Medium to Dark | 21 | 28.8 |
| 4-Medium to Light | 8 | 11.0 |
| 3-Light | 5 | 6.8 |
| 2-Very Light | 2 | 2.7 |
| 1-White | 4 | 5.5 |
| ***Mean skin color (5.07), SD (1.575)*** | | |
| ***min (1), max (7)*** | | |
| **U.S.-born (yes/no) (N = 73)** | | |
| Yes | 66 | 90.4 |
| No | 7 | 9.6 |
| **Other Country of Origin (N = 7)** | | |
| Afghanistan | 2 | 2.7 |
| Albania | 2 | 2.7 |
| Grenada | 1 | 1.4 |
| Mexico | 1 | 1.4 |
| Other | 1 | 1.4 |

| | N | % |
|---|---|---|
| **Educational Level (N = 73)** | | |
| 1-Some high school or less | 3 | 4.1 |
| 2-High school graduate or GED | 15 | 20.5 |
| 3-Some college credit, no degree | 14 | 19.2 |
| 4-Associate or technical degree (e.g., AS) | 7 | 9.6 |
| 5-Bachelor's degree (e.g., BS, BA) | 22 | 30.1 |
| 6-Master's degree (e.g., MS, MA, MEd) | 8 | 11.0 |
| 7-Professional degree (e.g., MD, DDS) | 2 | 2.7 |
| 8-Doctoral degree (e.g., PhD, EdD, DrPH) | 2 | 2.7 |
| | | |
| **Marital Status (N = 73)** | | |
| Single, Never Married | 35 | 47.9 |
| Married | 24 | 32.9 |
| Have a partner/Living together/Common Law | 11 | 15.1 |
| Widowed | - | - |
| Divorced | 3 | 4.1 |
| Separated | - | - |
| | | |
| **Sexuality (N = 73)** | | |
| Heterosexual | 62 | 84.9 |
| LGBTQ+ | 10 | 13.7 |
| Other (Heteroflexible) | 1 | 1.4 |
| | | |
| **Employment Status (N = 73)** | | |
| Employed for wages | 46 | 63.0 |
| Self-Employed | 9 | 12.3 |
| Unemployed | 12 | 16.4 |
| Homemaker | 2 | 2.7 |
| Student | 3 | 4.1 |
| Military | 1 | 1.4 |
| Retired | - | - |
| Disabled/Unable to work | - | - |
| | | |
| **Annual Household Income (N = 73)** | | |
| 1-Less than $10,000 | 1 | 1.4 |
| 2-$10,000 to $19,000 | 16 | 21.9 |
| 3-$20,000 to $39,000 | 12 | 16.4 |
| 4-$40,000 to $49,000 | 6 | 8.2 |
| 5-$50,000 to $99,000 | 21 | 28.8 |
| 6-$100,000 to $199,000 | 11 | 15.1 |
| 7-$200,000 to $299,000 | - | - |
| 8-$300,000 to $399,999 | 2 | 2.7 |
| 9-$400,000 to $499,999 | 1 | 1.4 |
| 10-$500,000 to $799,000 | - | - |
| 11-$800,000 or more | 1 | 1.4 |
| I do not know | | |
| ***Mean income category (4.23)*** | | |
| ***SD (1.899), min (1), max (11)*** | | |

**Results for Research Question #2**

*What was their level of Life Satisfaction (i.e., overall satisfaction with their life now)?* **(LSS-1)**

**Part II: Life Satisfaction Scale (LSS-1).** The mean life satisfaction was 5.96 (min = 0, max = 10, SD = 2.044) for *moderate level of life satisfaction*.

See Table 3.

Table 3. *Life Satisfaction (LSS-1) (N = 73)*

| **Current Satisfaction with Life (N = 73)** | | |
|---|---|---|
| Scale | N | % |
| 0 = Very Dissatisfied | 2 | 2.7 |
| 1 | 1 | 1.4 |
| 2 | - | - |
| 3 | 2 | 2.7 |
| 4 | 12 | 16.4 |
| 5 | 11 | 15.1 |
| 6 | 14 | 19.2 |
| 7 | 16 | 21.9 |
| 8 | 9 | 12.3 |
| 9 | 3 | 4.1 |
| 10 = Very Satisfied | 3 | 4.1 |
| ***Mean Life Satisfaction (5.96)*** | | |
| ***SD (2.044), min (0), max (10)*** | | |

**Results for Research Question #3**

*What were their ratings for their physical health status, mental/emotional health status, Body Mass Index (BMI), and did they have health insurance?* **(PHB-6)**

**Part III: Personal Health Background (PHB-6).** Their overall physical health status mean was 3.75 (min = 1, max = 6, SD = 1.077) for *closest to good*. Their overall mental/emotional health mean was 3.45 (min = 1, max = 5, SD = 1.041) for *between fair*

*and good.* The mean body mass index (BMI) of participants was 24.050 (min = 8.11, max = 45.76, SD = 9.106), with 72.6% (N = 53) reporting to have health insurance.

See Table 4.

Table 4. *Personal Health Background (PHB-6) (N = 73)*

| | N | % |
|---|---|---|
| **I rate my overall physical health status as: (N = 73)** | | |
| 1 – Very poor | 1 | 1.4 |
| 2 – Poor | 8 | 11.0 |
| 3 – Fair | 20 | 27.4 |
| 4 – Good | 26 | 35.6 |
| 5 – Very good | 15 | 20.5 |
| 6 – Excellent | 3 | 4.1 |
| ***Mean physical health (3.75)*** | | |
| ***SD (1.077), min (1), max (6)*** | | |
| | | |
| **I rate my overall mental/emotional health status as: (N = 73)** | | |
| 1 – Very poor | 1 | 1.4 |
| 2 – Poor | 13 | 17.8 |
| 3 – Fair | 25 | 34.2 |
| 4 – Good | 20 | 27.4 |
| 5 – Very good | 14 | 19.2 |
| 6 – Excellent | - | - |
| ***Mean mental/emotional health (3.45)*** | | |
| ***SD (1.041), min (1), max (5)*** | | |
| | | |
| **Body Mass Index (BMI) (N = 63)** | | |
| Underweight (<18.5) | 17 | 23.8 |
| Normal weight (18.5 to <25) | 16 | 22.4 |
| Overweight (25 to 30) | 12 | 16.8 |
| Obese (30 or above) | 18 | 25.2 |
| ***Mean BMI (24.050) = Normal weight*** | | |
| ***SD (9.105), Min (8.11), max (45.76)*** | | |
| | | |
| **I have health Insurance (N = 73)** | | |
| Yes | 53 | 72.6 |
| No | 18 | 24.7 |
| Not now, but I used to | 2 | 2.7 |

**Results for Research Question #4**

*What was their level of risk for providing socially desirable responses?* **(SIR-RPSDR-1)**

**Part IV: Single Item Rating of Risk of Providing Socially Desirable Responses (SIR-RPSDR-1).** The sample presented a *low moderate risk for providing socially desirable responses* with a *mean of 4.86* (min = 0, max = 10, SD = 2.411).

See Table 5.

Table 5. *Single Item Rating of Risk of Providing Socially Desirable Responses (SIR-RPSDR-1) (N = 73)*

| **Risk Providing Socially Desirable Responses (N = 73)** | N | % |
|---|---|---|
| 0 = I am not like this at all | 7 | 9.6 |
| 1 | 4 | 5.5 |
| 2 | 1 | 1.4 |
| 3 | 5 | 6.8 |
| 4 | 9 | 12.3 |
| 5 | 12 | 16.4 |
| 6 | 16 | 21.9 |
| 7 | 12 | 16.4 |
| 8 | 6 | 8.2 |
| 10 = I am like this all the time | 1 | 1.4 |
| ***Mean Risk for Socially Desirable Responses (4.86) SD (2.411), min (0) max (10)*** | | |

**Results for Research Question #5**

*To what extent did they have favorable perceptions of the police?* **(POPS-S-6)**

**Part V: Perception of Police Survey—Short (POPS-S-6).** The POPS-S-6 had a Cronbach's Alpha of .838 (good internal consistency), while the *POPS-S-6 mean was 3.888* (min = 2.33, max = 5, SD = .647) for *closest to a high level of negative perceptions of the police.* For example, 78.1% (N = 57) disagreed or strongly disagreed that "police

officers treat all people fairly"; 86.3% (N = 63) disagreed or strongly disagreed that "the police do not discriminate"; and 83.5% (N = 61) disagreed or strongly disagreed that "police officers are unbiased"—exemplifying the high level of negative perceptions of police held by the majority of participants.

See Table 6.

Table 6. *Perception of Police Survey—Short (POPS-S-6) (N = 73)*

| | N | % |
|---|---|---|
| **Police officers treat all people fairly (N = 73)** | | |
| 1-Strongly Agree | - | - |
| 2-Agree | - | - |
| 3-Slightly Agree | 16 | 21.9 |
| 4-Disagree | 31 | 42.5 |
| 5-Strongly Disagree | 26 | 35.6 |
| **The police do not discriminate (N = 73)** | | |
| 1-Strongly Agree | - | - |
| 2-Agree | 1 | 1.4 |
| 3-Slightly Agree | 9 | 12.3 |
| 4-Disagree | 32 | 43.8 |
| 5-Strongly Disagree | 31 | 42.5 |
| **The police provide safety (N = 73)** | | |
| 1-Strongly Agree | 3 | 4.1 |
| 2-Agree | 9 | 12.3 |
| 3-Slightly Agree | 31 | 42.5 |
| 4-Disagree | 19 | 26.0 |
| 5-Strongly Disagree | 11 | 15.1 |
| **The police are trustworthy (N = 73)** | | |
| 1-Strongly Agree | 1 | 1.4 |
| 2-Agree | 3 | 4.1 |
| 3-Slightly Agree | 21 | 28.8 |
| 4-Disagree | 29 | 39.7 |
| 5-Strongly Disagree | 19 | 26.0 |
| **Police officers are unbiased (N = 73)** | | |
| 1-Strongly Agree | - | - |
| 2-Agree | 4 | 5.5 |
| 3-Slightly Agree | 8 | 11.0 |
| 4-Disagree | 39 | 53.4 |
| 5-Strongly Disagree | 22 | 30.1 |

| | N | % |
|---|---|---|
| **Police officers care about my community (N = 73)** | | |
| 1-Strongly Agree | 1 | 1.4 |
| 2-Agree | 9 | 12.3 |
| 3-Slighty Agree | 20 | 27.4 |
| 4-Disagree | 29 | 39.7 |
| 5-Strongly Disagree | 14 | 19.2 |
| ***Perception of Police Survey Cronbach's Alpha (.838)*** | | |
| ***Mean Perception of Police (3.888)*** | | |
| ***SD (.647), min (2.33), max (5.00)*** | | |

**Results for Research Question #6**

*What were their attitudes with regard to marijuana equity and the legal marijuana industry, as well as reparations?* **(ME-RAS-4)**

**Part VI: Marijuana Equity and Reparations Attitudes Scale (ME-RAS-4).** The internal consistency for the Marijuana Equity and Reparations Attitudes Scale (ME-RAS-4) was .838 (good internal consistency)—with *mean attitudes of 3.644* (min = 1, max = 5, SD = .953) for *moderate to high support for marijuana equity and reparations*.

For *marijuana equity*, 78.1% (N = 57) agreed or strongly agreed "there should be a legal marijuana industry in all states"; 58.9% (N = 43) agreed or strongly agreed a legal marijuana industry should provide employment and entrepreneurial (business) opportunities for Black and Latinx community members.

For *reparations*, 61.6% (N = 45) agreed or strongly agreed that "any person who suffered negative consequences from a 'Stop, Question, and/or Frisk' experience deserves monetary ($) or other compensation (reparations) for their pain, suffering and damages"; 52% (N = 38) agreed or strongly agreed that "families, children and

communities of those who suffered negative consequences from a 'Stop, Question, and/or Frisk' experience also deserve monetary ($) or other compensation (reparations) for their pain, suffering and damages."

See Table 7.

Table 7. *Marijuana Equity and Reparations Attitudes Scale (ME-RAS-4) (N = 73)*

| | N | % |
|---|---|---|
| **1-There should be a legal marijuana industry in all states (N = 73)** | | |
| 1-Strongly Disagree | - | - |
| 2-Disagree | - | - |
| 3-Slightly Agree | 16 | 21.9 |
| 4-Agree | 31 | 42.5 |
| 5-Strongly Agree | 26 | 35.6 |
| **2-A legal marijuana industry should provide employment and entrepreneurial (business) opportunities for Black and Latinx community members (N = 73)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 15 | 20.5 |
| 4-Agree | 20 | 27.4 |
| 5-Strongly Agree | 23 | 31.5 |
| **3-Any person who suffered negative consequences from a "Stop, Question and/or Frisk" experience deserves monetary ($) or other compensation (reparations) for their pain, suffering and damages (N = 73)** | | |
| 1-Strongly Disagree | 3 | 4.1 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 18 | 24.7 |
| 4-Agree | 29 | 39.7 |
| 5-Strongly Agree | 16 | 21.9 |
| **4-Families, children and communities of those who suffered negative consequences from a "Stop, Question and/or Frisk" experience also deserve monetary ($) or other compensation (reparations) for their pain, suffering and damages (N = 73)** | | |
| 1-Strongly Disagree | 3 | 4.1 |
| 2-Disagree | 8 | 11.0 |
| 3-Slightly Agree | 24 | 32.9 |
| 4-Agree | 22 | 30.1 |
| 5-Strongly Agree | 16 | 21.9 |
| ***Cronbach's Alpha (.838)*** | | |
| ***Mean Attitudes for Marijuana Equity & Reparations (3.644),*** | | |
| ***SD (.953), min (1), max (5)*** | | |

**Results for Research Question #7**

*What did they report as the frequency of their experiencing various types of marijuana-related police contact?* **(FT-MRPC-6)**

**Part VII: Frequency and Types of Marijuana-Related Police Contact (FT-MRPC-6).** The Cronbach's Alpha for the Frequency and Types of Marijuana-Related Police Contact (FT-MRPC-6) scale was .932 (high internal consistency). The mean for frequency and types of police contact was *2.694* (min = .17, max = 4, SD = 1.047) for *between moderate to high frequency of police contact*. For example, the majority had experienced moderate to high frequency of policy contact as follows: 76.7% (N = 56) were "stopped by police" a few times or many times; 75.3% (N = 55) were "questioned by police" a few times or many times; 67.1% (N = 49) were "frisked by police (e.g., searched, as police looked for something on your physical body)" a few times or many times; 66.6% (N = 49) were "asked to empty my pockets" a few times or many times; 63% (N = 46) were "asked to open and/or empty my bag/backpack" a few times or many times; and 54.8% (N = 40) had "some other property searched by police (e.g., car, locker, apartment, home, etc.)."

See Table 8.

Table 8. *Frequency and Types of Marijuana-Related Police Contact (FT-MRPC-6) (N = 73)*

| Types and Frequency of Police Contact | N | % |
|---|---|---|
| **1-I was stopped by police (N = 73)** | | |
| 0-Never | - | - |
| 1-Once | 6 | 8.2 |
| 2-Twice | 11 | 15.1 |
| 3-Few Times | 33 | 45.2 |
| 4-Many Times | 23 | 31.5 |

| | N | % |
|---|---|---|
| **2-I was questioned by police (N = 73)** | | |
| 0-Never | 1 | 1.4 |
| 1-Once | 6 | 8.2 |
| 2-Twice | 11 | 15.1 |
| 3-Few Times | 30 | 41.1 |
| 4-Many Times | 25 | 34.2 |
| **3-I was frisked by police (e.g., searched, as police looked for something on your physical body) (N = 73)** | | |
| 0-Never | 8 | 11.0 |
| 1-Once | 6 | 8.2 |
| 2-Twice | 10 | 13.7 |
| 3-Few Times | 30 | 41.1 |
| 4-Many Times | 19 | 26.0 |
| **4-I was asked to empty my pockets (N = 73)** | | |
| 0-Never | 10 | 13.7 |
| 1-Once | 5 | 6.8 |
| 2-Twice | 9 | 12.3 |
| 3-Few Times | 28 | 38.4 |
| 4-Many Times | 21 | 28.2 |
| **5-I was asked to open and/or empty my bag/backpack (N = 73)** | | |
| 0-Never | 9 | 12.3 |
| 1-Once | 9 | 12.3 |
| 2-Twice | 9 | 12.3 |
| 3-Few Times | 27 | 37.0 |
| 4-Many Times | 19 | 26.0 |
| **6- I had some other property searched by police (e.g., car, locker, apartment, home, etc.) (N = 73)** | | |
| 0-Never | 11 | 15.1 |
| 1-Once | 7 | 9.6 |
| 2-Twice | 15 | 20.5 |
| 3-Few Times | 21 | 28.8 |
| 4-Many Times | 19 | 26.0 |

***Cronbach's Alpha (.932)***
***Mean Frequency of Various Types of Police Contact (2.694),***
***SD (1.047), min (.17), max (4)***

**Results for Research Question #8**

*To what extent did they report having invasive and confining experiences (e.g., handcuffed, cavity search, etc.) with police as part of their marijuana-related police contact?* **(ICE-WP-4)**

**Part VIII: Invasive and Confining Experiences with Police (ICE-WP-4).** Cronbach's Alpha for the Invasive and Confining Experiences with Police (ICE-WP-4) scale was .948 (high internal consistency). There was a *mean of 1.558* (min = .00, max = 4, SD = 1.335) for *low to moderate frequency of invasive and confining experiences with police*. The findings indicated: 47.5% (N = 35) had been "placed in handcuffs" twice or a few times; 39.7% (N = 29) had been "taken to a police station or police headquarters" twice or a few times; 41.1% (N = 30) "had been "strip-searched" twice or a few times; and 31.5% (N = 23) "had a cavity search" twice or a few times—for a low to moderate frequency of invasive and confining experiences with police.

See Table 9.

Table 9. *Invasive and Confining Experiences with Police (ICE-WP-4) (N = 73)*

| | N | % |
|---|---|---|
| **1-I was placed in handcuffs (N = 73)** | | |
| 0-Never | 22 | 30.1 |
| 1-Once | 9 | 12.3 |
| 2-Twice | 14 | 19.2 |
| 3-Few Times | 21 | 28.8 |
| 4-Many Times | 7 | 9.6 |
| | | |
| **2- I was taken to a police station or police headquarters (N = 73)** | | |
| 0-Never | 24 | 32.9 |
| 1-Once | 10 | 13.7 |
| 2-Twice | 15 | 20.5 |
| 3-Few Times | 14 | 19.2 |
| 4-Many Times | 10 | 13.7 |

| | N | % |
|---|---|---|
| **3- I was strip-searched (N = 73)** | | |
| 0-Never | 29 | 39.7 |
| 1-Once | 9 | 12.3 |
| 2-Twice | 17 | 23.3 |
| 3-Few Times | 13 | 17.8 |
| 4-Many Times | 5 | 6.8 |
| | | |
| **4- I had a cavity search (N = 73)** | | |
| 0-Never | 34 | 46.6 |
| 1-Once | 7 | 9.6 |
| 2-Twice | 9 | 12.3 |
| 3-Few Times | 14 | 19.2 |
| 4-Many Times | 9 | 12.3 |
| | | |
| ***Cronbach's Alpha (.948)*** | | |
| ***Mean for Invasive and Confining Experiences with Police (1.558),*** | | |
| ***SD (1.335), min (0), max (4)*** | | |

**Results for Research Question #9**

*To what extent did they perceive themselves as having been* ***targeted or racially profiled*** *as a prelude to their marijuana-related police contact as collateral consequences (#1)?* **(TRPBP-CC1-7)**

**Part IX-A: Targeting or Racial Profiling by Police as Collateral Consequences 1 (TRPBP-CC1-7).** Cronbach's Alpha for the Targeting or Racial Profiling by Police as Collateral Consequences 1 (TRPBP-CC1-7) scale was .883 (good internal consistency) with a *mean of 3.481* (min = 1, max = 5, SD = .907) for *moderate to high targeting or racial profiling by police.* Indicative of this moderate to high targeting or racial profiling, findings showed: 72.6% (N = 53) agreed or strongly agreed to targeting for "skin color, race, or ethnicity"; 53.4% (N = 39) agreed or strongly agreed to targeting for "physical body size, body type, or physique"; 63% (N = 46) agreed or strongly agreed to targeting for "clothing (e.g. hoodie, etc.)"; 64.4% (N = 47) agreed or

strongly agreed to targeting for “hair (e.g., locks, braids, afro, etc.)”; 42.5% (N = 31) agreed or strongly agreed to targeting for “wearing a face mask or other face covering”; 53.5% (N = 39) agreed or strongly agreed to targeting for “wearing a hat, cap, do-rag, scarf, or other head covering”; and 65.8% (N = 48) agreed or strongly agreed to targeting for “associates’/friends’ appearance, or how those with me looked (skin color, race, physical appearance, clothing, etc.).”

See Table 10.

Table 10. *Targeting or Racial Profiling by Police—as Collateral Consequences 1 (TRPBP-CC1-7) (N = 73)*

| | N | % |
|---|---|---|
| **1-skin color, race, or ethnicity (N = 73)** | | |
| 1-Strongly Disagree | 2 | 2.7 |
| 2-Disagree | 4 | 5.5 |
| 3-Slightly Agree | 14 | 19.2 |
| 4-Agree | 32 | 43.8 |
| 5-Strongly Agree | 21 | 28.8 |
| **2-physical body size, body type, or physique (N = 73)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 19 | 26.0 |
| 4-Agree | 27 | 37.0 |
| 5-Strongly Agree | 12 | 16.4 |
| **3-clothing (e.g., hoodie, etc.) (N = 73)** | | |
| 1-Strongly Disagree | 6 | 8.2 |
| 2-Disagree | 8 | 11.0 |
| 3-Slightly Agree | 13 | 17.8 |
| 4-Agree | 33 | 45.2 |
| 5-Strongly Agree | 13 | 17.8 |
| **4-hair (e.g., locks, braids, afro, etc.) (N = 73)** | | |
| 1-Strongly Disagree | 6 | 8.2 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 10 | 13.7 |
| 4-Agree | 27 | 37.0 |
| 5-Strongly Agree | 20 | 27.4 |

| | N | % |
|---|---|---|
| **5-wearing a face mask or other face covering (N = 73)** | | |
| 1-Strongly Disagree | 12 | 16.4 |
| 2-Disagree | 19 | 26.0 |
| 3-Slightly Agree | 11 | 15.1 |
| 4-Agree | 21 | 28.8 |
| 5-Strongly Agree | 10 | 13.7 |
| | | |
| **6-wearing a hat, cap, do-rag, scarf, or other head covering (N = 73)** | | |
| 1-Strongly Disagree | 10 | 13.7 |
| 2-Disagree | 15 | 20.5 |
| 3-Slightly Agree | 9 | 12.3 |
| 4-Agree | 31 | 42.5 |
| 5-Strongly Agree | 8 | 11.0 |
| | | |
| **7-associates'/friends' appearance, or how those with me looked (skin color, race, physical appearance, clothing, etc.) (N = 73)** | | |
| 1-Strongly Disagree | 3 | 4.1 |
| 2-Disagree | 5 | 6.8 |
| 3-Slightly Agree | 17 | 23.3 |
| 4-Agree | 27 | 37.0 |
| 5-Strongly Agree | 21 | 28.8 |
| | | |
| ***Cronbach's Alpha (.883)*** | | |
| ***Mean Targeting/Profiling (3.4814),*** | | |
| ***SD (.90742), min (1), max (5)*** | | |

**Results for Research Question #10**

*To what extent did they experience **police violence** as part of their marijuana-related police contact, as collateral consequences (#2)?* **(PVDMS-CC2-6)**

**Part IX-B: Police Violence During Stop as Collateral Consequences 2 (PVDMS-CC2-6).** Cronbach's Alpha for Police Violence During Stop as Collateral Consequences 2 (PVDMS-CCS-6) scale was .902 (high internal consistency) with a *mean of 2.648* (min = 1, max = 4.50, SD = 1.145) for *experiencing moderate to high police violence*. For example, 82.2% (N = 60) experienced twice, a few times, or many times

"*verbal abuse*—called names, cursed at, disrespected—including making threats, or threatening to use violence"; 63% (N = 46) experienced a few times or many times "*police physical violence*—beaten up, hit, shoved, kicked, pushed to ground, etc."; 45.2% (N = 42) experienced twice, a few times, or many times *"police chokehold*—grabbed by neck, held by neck, or pressure on neck, etc."; 37% (N = 27) experienced twice, a few times, or many times *"police gun violence*—hit with a gun, or a gun was fired so a bullet hit me or came dangerously close to me"; 43.8% (N = 32) experienced twice, a few times, or many times *"police taser use*—received an electrical taser shock (50,000 volts) to my body, or it came dangerously close to me or near me"; and 43.9% (N = 32) experienced twice, a few times, or many times *"police use of pepper spray*—directed at my face or came dangerously close to me or near me."

See Table 11.

Table 11. *Police Violence During Stop as Collateral Consequences 2 (PVDMS-CC2-6) (N = 73)*

| | N | % |
|---|---|---|
| **1**-Police **verbal abuse**—called names, cursed at, disrespected—including making threats, or threatening to use violence **(N = 73)** | | |
| 1-Never | 8 | 11.0 |
| 2-Once | 5 | 6.8 |
| 3-Twice | 10 | 13.7 |
| 5-Few Times | 38 | 52.1 |
| 5-Many Times | 12 | 16.4 |
| **2**-Police **physical violence**—beaten up, hit, shoved, kicked, pushed to ground, etc. **(N = 73)** | | |
| 1-Never | 24 | 32.9 |
| 2-Once | 3 | 4.1 |
| 3-Twice | 9 | 12.3 |
| 5-Few Times | 28 | 38.4 |
| 5-Many Times | 9 | 12.3 |

| | N | % |
|---|---|---|
| **3**-Police **chokehold**—grabbed by neck, held by neck, or pressure on neck, etc. **(N = 73)** | | |
| 1-Never | 27 | 37.0 |
| 2-Once | 4 | 5.5 |
| 3-Twice | 9 | 12.3 |
| 5-Few Times | 28 | 38.4 |
| 5-Many Times | 5 | 6.8 |
| **4**-Police **gun violence**—hit with a gun; or a gun was fired so a bullet hit me or came dangerously close to me **(N = 73)** | | |
| 1-Never | 37 | 50.7 |
| 2-Once | 9 | 12.3 |
| 3-Twice | 4 | 5.5 |
| 5-Few Times | 19 | 26.0 |
| 5-Many Times | 4 | 5.5 |
| **5**-Police **taser use**—received an electrical taser shock (50,000 volts) to my body, or it came dangerously close to me or near me **(N = 73)** | | |
| 1-Never | 40 | 54.8 |
| 2-Once | 1 | 1.4 |
| 3-Twice | 10 | 13.7 |
| 5-Few Times | 20 | 27.4 |
| 5-Many Times | 2 | 2.7 |
| **6**-Police use of **pepper spray**—directed at my face or came dangerously close to me or near me **(N = 73)** | | |
| 1-Never | 38 | 52.1 |
| 2-Once | 3 | 4.1 |
| 3-Twice | 11 | 15.1 |
| 5-Few Times | 20 | 27.4 |
| 5-Many Times | 1 | 1.4 |
| **Cronbach's Alpha (.902)** | | |
| ***Mean Exposure to Police Violence (2.648),*** | | |
| ***SD (1.145), min (1), max (4.50)*** | | |

**Results for Research Question #11**

*Following their marijuana-related police contact, to what extent did they experience* ***financial and work*** *as collateral consequences (#3)?* **(FW-CC3-4)**

**Part IX-C: Financial and Work as Collateral Consequences 3 (FW-CC3-4)**.

Cronbach's Alpha for the Financial and Work as Collateral Consequences 3 (FW-CC3-4) scale was .932 (high internal consistency) with a *mean of 2.99* (min = 1, max = 5, SD = 1.183) for *moderate financial and work collateral consequences*. For example, findings showed: 68.5% (N = 50) endorsed slightly agree, agree, or strongly agree for *"having money problems*, or less money coming in—compared to before police contact"; 67.1% (N = 49) endorsed slightly agree, agree, or strongly agree for *"missing WORK* or losing some time from work/employment dealing with things related to police contact"; 64.4% (N = 47) endorsed slightly agree, agree, or strongly agree for "*losing WORK* or employment because of police contact"; and 65.7% (N = 48) endorsed slightly agree, agree, or strongly agree for "*having a problem getting WORK* or employment, or it was harder—compared to before police contact."

See Table 12.

Table 12. *Financial and Work as Collateral Consequences 3 (FW-CC3-4) (N = 73)*

| | N | % |
|---|---|---|
| 1-**having money problems**, or less money coming in—compared to before police contact **(N = 73)** | | |
| 1-Strongly Disagree | 15 | 20.5 |
| 2-Disagree | 8 | 11.0 |
| 3-Slightly Agree | 16 | 21.9 |
| 4-Agree | 31 | 42.5 |
| 5-Strongly Agree | 3 | 4.1 |
| 2-**missing WORK** or losing some time from work/employment dealing with things related to police contact **(N = 73)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 22 | 30.1 |
| 4-Agree | 19 | 26.0 |
| 5-Strongly Agree | 8 | 11.0 |

| | N | % |
|---|---|---|
| 3-**losing WORK** or employment because of police contact **(N = 73)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 12 | 16.4 |
| 3-Slightly Agree | 13 | 17.8 |
| 4-Agree | 26 | 35.6 |
| 5-Strongly Agree | 8 | 11.0 |
| | | |
| 4-**having a problem getting WORK** or employment, or it was harder—compared to before police contact **(N = 73)** | | |
| 1-Strongly Disagree | 16 | 21.9 |
| 2-Disagree | 9 | 12.3 |
| 3-Slightly Agree | 17 | 23.3 |
| 4-Agree | 22 | 30.1 |
| 5-Strongly Agree | 9 | 12.3 |
| | | |
| ***Cronbach's Alpha (.932)*** | | |
| ***Mean Financial and Work as Collateral Consequences (2.989),*** | | |
| ***SD (1.183), min (1), max (5)*** | | |

**Results for Research Question #12**

*Following their marijuana-related police contact, to what extent did they experience* ***housing and food insecurity*** *as collateral consequences (#4)?* **(PMH-CC5-6)**

**Part IX-D: Housing and Food Insecurity as Collateral Consequences 4 (HFI-CC4-4).** Cronbach's Alpha for the Housing and Food Insecurity as Collateral Consequences 4 **(HFI-CC4-4)** scale was .954 (high internal consistency) with a *mean of 2.924* (min = 1, max = 5, SD = 1.202) for *moderate housing and food insecurity as collateral consequences*. For example, findings showed: 65.8% (N = 48) endorsed slightly agree, agree, or strongly agree for *"having more unstable and less secure HOUSING—compared to before* police contact"; 64.4% (N = 47) endorsed slightly agree, agree, or strongly agree for *"being refused HOUSING* specifically because of my police contact—or *more than before* police contact"; 64.4% (N = 47) endorsed slightly agree, agree, or strongly agree for *"having unsafe or uncomfortable HOUSING*, given where I

had to live/sleep—*compared to before* police contact"; and 60.3% (N = 44) endorsed slightly agree, agree, or strongly agree for *"having less or lower quality FOOD* to eat (e.g., given where I had to live/sleep or less money)—*compared to before* police contact."

See Table 13.

Table 13. *Housing and Food Insecurity as Collateral Consequences 4 (HFI-CC4-4) (N = 73)*

| | N | % |
|---|---|---|
| 1-**having more unstable and less secure HOUSING**—**compared to before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 11 | 15.1 |
| 3-Slightly Agree | 16 | 21.9 |
| 4-Agree | 28 | 38.4 |
| 5-Strongly Agree | 4 | 5.5 |
| 2-**being refused HOUSING** specifically because of my police contact—or **more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 15 | 20.5 |
| 2-Disagree | 11 | 15.1 |
| 3-Slightly Agree | 18 | 24.7 |
| 4-Agree | 19 | 26.0 |
| 5-Strongly Agree | 10 | 13.7 |
| 3-**having unsafe or uncomfortable HOUSING**, given where I had to live/sleep—**compared to before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 12 | 16.4 |
| 3-Slightly Agree | 24 | 32.9 |
| 4-Agree | 18 | 24.7 |
| 5-Strongly Agree | 5 | 6.8 |
| 4-**having less or lower quality FOOD** to eat (e.g., given where I had to live/sleep or less money)—**compared to before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 15 | 20.5 |
| 2-Disagree | 14 | 19.2 |
| 3-Slightly Agree | 13 | 17.8 |
| 4-Agree | 23 | 31.5 |
| 5-Strongly Agree | 8 | 11.0 |
| ***Cronbach's Alpha (.954)*** | | |
| ***Mean Housing and Food Insecurity as Collateral Consequences (2.924), SD (1.202), min (1), max (5)*** | | |

**Results for Research Question #13**

*Following their marijuana-related police contact, to what extent did they experience* ***physical health and mental/emotional health*** *as collateral consequences (#5)?*

**Part IX-E: Physical and Mental Health as Collateral Consequences 5 (PMH-CC5-6).** Cronbach's Alpha for Physical and Mental Health as Collateral Consequences 5 (**PMH-CC5-6)** scale was .951 (high internal consistency with a *mean of 3.128* (min = 1, max = 5, SD = 1.206) for a *moderate level of physical and mental health as collateral consequences.* For example, findings showed: 57.5% (N = 42) endorsed slightly agree, agree, or strongly agree for "1-*having PHYSICAL HEALTH problems—more than before* police contact"; 45.1% (N = 42) endorsed slightly agree, agree, or strongly agree for *"having to seek care for my PHYSICAL HEALTH* with appointments with doctors/ providers—*more than before* police contact"; 57.5% (N = 42) endorsed slightly agree, agree, or strongly agree for *"having to take prescription medication for my PHYSICAL HEALTH—more than before* police contact"; 79.4% (N = 58) endorsed slightly agree, agree, or strongly agree for *"having MENTAL HEALTH or emotional health problems—more than before* police contact"; 67.1% (N = 49) endorsed slightly agree, agree, or strongly agree for *"having to seek care for my MENTAL HEALTH or emotional health* with appointments with counselors/doctors/providers—*more than before* police contact"; and 63% (N = 46) endorsed slightly agree, agree, or strongly agree for *"having to take prescription medication for my MENTAL HEALTH or emotional health* issues—*more than before* police contact."

See Table 14.

Table 14. *Physical and Mental Health Collateral Consequences 5 (PMH-CC5-6) (N = 73)*

| | N | % |
|---|---|---|
| 1-**having PHYSICAL HEALTH problems**—**more than before** police contact **(N = 69)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 17 | 23.3 |
| 3-Slightly Agree | 9 | 12.3 |
| 4-Agree | 28 | 38.4 |
| 5-Strongly Agree | 5 | 6.8 |
| 2-**having to seek care for my PHYSICAL HEALTH** with appointments with doctors/providers—**more than before** police contact **(N = 69)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 12 | 16.4 |
| 3-Slightly Agree | 14 | 19.2 |
| 4-Agree | 13 | 17.8 |
| 5-Strongly Agree | 15 | 20.5 |
| 6-Not applicable, I had insurance to cover it | 5 | 6.8 |
| 3-**having to take prescription medication for my PHYSICAL HEALTH**—**more than before** police contact **(N = 69)** | | |
| 1-Strongly Disagree | 14 | 19.2 |
| 2-Disagree | 14 | 19.2 |
| 3-Slightly Agree | 9 | 12.3 |
| 4-Agree | 16 | 21.9 |
| 5-Strongly Agree | 17 | 23.3 |
| 6-Not applicable, I had insurance to cover it | 3 | 4.1 |
| 4-**having MENTAL HEALTH or emotional health problems**—**more than before** police contact **(N = 69)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 15 | 20.5 |
| 4-Agree | 34 | 46.6 |
| 5-Strongly Agree | 9 | 12.3 |
| 5-**having to seek care for my MENTAL HEALTH or emotional health** with appointments with counselors/doctors/providers—**more than before** police contact **(N = 69)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 18 | 24.7 |
| 4-Agree | 15 | 20.5 |
| 5-Strongly Agree | 16 | 21.9 |
| 6-Not applicable, I had insurance to cover it | 6 | 8.2 |

| | N | % |
|---|---|---|
| 6-**having to take prescription medication for my MENTAL HEALTH or emotional health** issues—**more than before** police contact **(N = 69)** | | |
| 1-Strongly Disagree | 12 | 16.4 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 17 | 23.3 |
| 4-Agree | 15 | 20.5 |
| 5-Strongly Agree | 14 | 19.2 |
| 6-Not applicable, I had insurance to cover it | 5 | 6.8 |
| ***Cronbach's Alpha (.951)*** | | |
| ***Mean Physical and Mental Health as Collateral Consequences (3.1280), SD (1.206), min (1), max (5)*** | | |

**Results for Research Question #14**

*Following their marijuana-related police contact, to what extent did they experience* ***symptoms of mental disorders*** *as collateral consequences (#6)?*

**(SMD-CC6-10)**

**Part IX-F: Symptoms of Mental Disorders as Collateral Consequences 6 (SMD-CC6-10).** Cronbach's Alpha for the Symptoms of Mental Disorders as Collateral Consequences 6 **(SMD-CC6-10)** scale was .961 (high internal consistency) with a *mean of 3.452* (min = 1, max = 5, SD = 1.045) for *moderate to high level of symptoms of mental disorders*.

There was a high prevalence of a *serious symptoms of depression*, given findings where: 83.6% (N = 61) endorsed slightly agree, agree, or strongly agree for *"changes in my MOOD,* feeling depressed, sad, hopeless, or angry—*more than before* police contact"; 75.4% (N = 55) endorsed slightly agree, agree, or strongly agree for *"changes in my APPETITE*, either eating more or eating less—*compared to before* police contact"; and 82.2% (N = 60) endorsed slightly agree, agree, or strongly agree for *"changes in my*

*SLEEPING,* either not being able to sleep (insomnia) or sleeping long hours—*compared to before* police contact."

There was a high prevalence of *serious symptoms of anxiety,* given findings where: 86.3% (N = 63) endorsed slightly agree, agree, or strongly agree for "*changes so I felt ANXIETY,* nervous, fearful, or tense—*more than before* police contact"; and 83.5% (N = 61) endorsed slightly agree, agree, or strongly agree for *"changes so I felt moments of PANIC,* extreme nervousness, or intense fear—*more than before* police contact."

There was a high prevalence of *serious symptoms of post-traumatic stress disorder (PTSD),* given findings where: 76.7% (N = 56) endorsed slightly agree, agree, or strongly agree for *"changes so I had OUTBURSTS OF ANGER,* yelling and screaming or starting arguments (in-person or online)—*more than before* police contact"; 69.9% (N = 51) endorsed slightly agree, agree, or strongly agree for *"changes so I had NIGHTMARES when sleeping—more than before* police contact"; 79.5% (N = 58) endorsed slightly agree, agree, or strongly agree for *"changes so I had FLASHBACKS* of memories and images from an upsetting event—*more than before* police contact"; and 78% (N = 57) endorsed slightly agree, agree, or strongly agree for *"changes so I had TROUBLE CONCENTRATING,* focusing, or remembering details—*more than before* police contact."

Finally, there was a high prevalence of *symptoms of substance use disorders (SUD*), given 71.2% (N = 42) endorsed slightly agree, agree, or strongly agree for *changes so I used ALCOHOL or DRUGS* (e.g., marijuana, etc.)—*more than before* police contact."

See Table 15.

Table 15. *Symptoms of Mental Disorders as Collateral Consequences 6 (SMD-CC6-10) (N = 73)*

| | N | % |
|---|---|---|
| 1-**changes in my MOOD,** feeling depressed, sad, hopeless, or angry—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 5 | 6.8 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 11 | 15.1 |
| 4-Agree | 36 | 49.3 |
| 5-Strongly Agree | 14 | 19.2 |
| 2-**changes in my APPETITE**, either eating more or eating less—**compared to before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 11 | 15.1 |
| 4-Agree | 33 | 45.2 |
| 5-Strongly Agree | 11 | 15.1 |
| 3-**changes in my SLEEPING**, either not being able to sleep (insomnia) or sleeping long hours—**compared to before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 7 | 9.6 |
| 2-Disagree | 6 | 8.2 |
| 3-Slightly Agree | 18 | 24.7 |
| 4-Agree | 30 | 41.1 |
| 5-Strongly Agree | 12 | 16.4 |
| 4-**changes so I felt ANXIETY**, nervous, fearful, or tense—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 6 | 8.2 |
| 2-Disagree | 4 | 5.5 |
| 3-Slightly Agree | 13 | 17.8 |
| 4-Agree | 27 | 37.0 |
| 5-Strongly Agree | 23 | 31.5 |
| 5-**changes so I felt moments of PANIC**, extreme nervousness, or intense fear—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 5 | 6.8 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 15 | 20.5 |
| 4-Agree | 31 | 42.5 |
| 5-Strongly Agree | 15 | 20.5 |

| | N | % |
|---|---|---|
| 6-**changes so I had OUTBURSTS OF ANGER**, yelling and screaming or starting arguments (in-person or online)—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 9 | 12.3 |
| 3-Slightly Agree | 19 | 26.0 |
| 4-Agree | 26 | 35.6 |
| 5-Strongly Agree | 11 | 15.1 |
| 7-**changes so I had NIGHTMARES when sleeping**—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 12 | 16.4 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 11 | 15.1 |
| 4-Agree | 24 | 32.9 |
| 5-Strongly Agree | 16 | 21.9 |
| 8-**changes so I had FLASHBACKS** of memories and images from an upsetting event—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 14 | 19.2 |
| 4-Agree | 30 | 41.1 |
| 5-Strongly Agree | 14 | 19.2 |
| 9- **changes so I had TROUBLE CONCENTRATING**, focusing, or remembering details—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 8 | 11.0 |
| 2-Disagree | 8 | 11.0 |
| 3-Slightly Agree | 19 | 26.0 |
| 4-Agree | 22 | 30.1 |
| 5-Strongly Agree | 16 | 21.9 |
| 10-**changes so I used ALCOHOL or DRUGS** (e.g., marijuana, etc.)—**more than before** police contact **(N = 73)** | | |
| 1-Strongly Disagree | 10 | 13.7 |
| 2-Disagree | 11 | 15.1 |
| 3-Slightly Agree | 12 | 30.1 |
| 4-Agree | 20 | 27.4 |
| 5-Strongly Agree | 10 | 13.7 |

***Cronbach's Alpha (.961)***
***Mean Symptoms of Mental Health Disorders as Collateral Consequences (3.4521), SD (1.0448), min (1), max (5)***

**Results for Research Question #15**

*Following their marijuana-related police contact, to what extent did they experience* ***multiple long-lasting damages*** *as collateral consequences (# 7)?*

**(MLLD-CC7-10)**

**Part IX-G: Multiple Long-Lasting Damages as Collateral Consequences 7 (MLLD-CC7-10).** Cronbach's Alpha for Multiple Long-Lasting Damages as Collateral Consequences 7 (MLLD-CC7-10) scale was .915 (high internal consistency) with a *mean of 3.248* (min = 1, max = 5, SD = 1.137) for a *moderate level of multiple long-lasting damages as collateral consequences.* Findings demonstrating these multiple long-lasting damages spanned the following areas, given how: 71.2% (N = 52) endorsed slightly agree, agree, or strongly agree for "my *money, income, and finances*"; 63% (N = 46) endorsed slightly agree, agree, or strongly agree for "my *getting and keeping work/employment* of the kind I desire"; 61.6% (N = 45) endorsed slightly agree, agree, or strongly agree for "my *having secure and stable housing* of the kind I desire"; 64.4% (N = 47) endorsed slightly agree, agree, or strongly agree for "my *having secure and regular access to quality food* of the kind I desire"; 67.1% (N = 49) endorsed slightly agree, agree, or strongly agree for "my *physical health*"; 82.2% (N = 60) endorsed slightly agree, agree, or strongly agree for "my *mental health or emotional health*"; 71.2% (N = 52) endorsed slightly agree, agree, or strongly agree for "my *ability to abstain from, or control and enjoy alcohol or drug use*"; 74% (N = 54) endorsed slightly agree, agree, or strongly agree for "my *relationships with others* (e.g., children, partner, family, friends, employers, etc.)"; 80.8% (N = 59) endorsed slightly agree, agree, or strongly agree for "my *views and feelings about the police and the criminal justice*

*system"*; and 83.6% (N = 61) endorsed slightly agree, agree, or strongly agree for "my *views and feelings about this country and claims of democracy, justice, fairness, and equality*."

See Table 16.

Table 16. *Multiple Long-Lasting Damages as Collateral Consequences 7 (MLLD-CC7-10) (N = 72)*

| | N | % |
|---|---|---|
| 1-My **money, income, and finances (N = 72)** | | |
| 1-Strongly Disagree | 12 | 16.4 |
| 2-Disagree | 8 | 11.0 |
| 3-Slightly Agree | 17 | 23.3 |
| 4-Agree | 25 | 34.2 |
| 5-Strongly Agree | 10 | 13.7 |
| 2-My **getting and keeping work/employment** of the kind I desire **(N = 72)** | | |
| 1-Strongly Disagree | 11 | 15.1 |
| 2-Disagree | 15 | 20.5 |
| 3-Slightly Agree | 19 | 26.0 |
| 4-Agree | 20 | 27.4 |
| 5-Strongly Agree | 7 | 9.6 |
| 3-My **having secure and stable housing** of the kind I desire **(N = 72)** | | |
| 1-Strongly Disagree | 10 | 13.7 |
| 2-Disagree | 17 | 23.3 |
| 3-Slightly Agree | 9 | 12.3 |
| 4-Agree | 24 | 32.9 |
| 5-Strongly Agree | 12 | 16.4 |
| 4-My **having secure and regular access to quality food** of the kind I desire **(N = 72)** | | |
| 1-Strongly Disagree | 10 | 13.7 |
| 2-Disagree | 15 | 20.5 |
| 3-Slightly Agree | 17 | 23.3 |
| 4-Agree | 20 | 27.4 |
| 5-Strongly Agree | 10 | 13.7 |
| 5-My **physical health (N = 73)** | | |
| 1-Strongly Disagree | 11 | 15.1 |
| 2-Disagree | 12 | 16.4 |
| 3-Slightly Agree | 10 | 13.7 |
| 4-Agree | 25 | 34.2 |
| 5-Strongly Agree | 14 | 19.2 |

| | N | % |
|---|---|---|
| 6-My **mental health or emotional health (N = 72)** | | |
| 1-Strongly Disagree | 6 | 8.2 |
| 2-Disagree | 6 | 8.2 |
| 3-Slightly Agree | 14 | 19.2 |
| 4-Agree | 29 | 39.7 |
| 5-Strongly Agree | 17 | 23.3 |
| 7-My **ability to abstain from, or control and enjoy alcohol or drug use (N = 72)** | | |
| 1-Strongly Disagree | 9 | 12.3 |
| 2-Disagree | 11 | 15.1 |
| 3-Slightly Agree | 14 | 19.2 |
| 4-Agree | 26 | 35.6 |
| 5-Strongly Agree | 12 | 16.4 |
| 8-My **relationships with others** (e.g., children, partner, family, friends, employers, etc.) **(N = 73)** | | |
| 1-Strongly Disagree | 11 | 15.1 |
| 2-Disagree | 7 | 9.6 |
| 3-Slightly Agree | 11 | 15.1 |
| 4-Agree | 25 | 34.2 |
| 5-Strongly Agree | 18 | 24.7 |
| 9-My **views and feelings about the police and the criminal justice system (N=72)** | | |
| 1-Strongly Disagree | 3 | 4.1 |
| 2-Disagree | 10 | 13.7 |
| 3-Slightly Agree | 6 | 8.2 |
| 4-Agree | 26 | 35.6 |
| 5-Strongly Agree | 27 | 37.0 |
| 10- My **views and feelings about this country and claims of democracy, justice, fairness, and equality (N=72)** | | |
| 1-Strongly Disagree | 3 | 4.1 |
| 2-Disagree | 8 | 11.0 |
| 3-Slightly Agree | 14 | 19.2 |
| 4-Agree | 18 | 24.7 |
| 5-Strongly Agree | 29 | 39.7 |
| ***Cronbach's Alpha (.915)*** | | |
| ***Mean Multiple Long-Lasting Damages as Collateral Consequences (3.248), SD (1.1373), min (1), max (5)*** | | |

**Results for Research Question #16**

*When considering the overall negative impact on their lives of marijuana-related "stop, question, and/or frisk" experiences, including everything that subsequently happened in their lives, how did they rate the* ***cumulative collateral consequences*** *(#8)?* **(RC-CC8-1)**

**Part IX-H: Rating of Cumulative Collateral Consequences 8 (RC-CC8-1).** Cronbach's Alpha for the Rating of Cumulative Collateral Consequences 8 **(RC-CC8-1)** scale was .959 (high internal consistency) with a *mean of 3.181* (min = 1, max = 5, SD = .9976) for a *moderate negative impact on their life from cumulative collateral consequences*. When rating "the *overall negative impact on your life*," 52.1% (N = 38) specified a moderate negative impact. Yet, when taken together, some 80.8% (N = 59) endorsed a moderate, high, or very high negative impact on their life from cumulative collateral consequences.

See Table 17.

Table 17. *Rating of Cumulative Collateral Consequences 8 (N = 72)*

| | N | % |
|---|---|---|
| 1-None to Very Low | 4 | 5.5 |
| 2-Low negative impact | 9 | 12.3 |
| 3-Moderate negative impact | 38 | 52.1 |
| 4-High negative impact | 12 | 16.4 |
| 5-Very High negative impact | 9 | 12.3 |
| ***Cronbach's Alpha (.959)*** | | |
| ***Mean Overall Negative Impact from Cumulative Collateral Consequences (3.181)*** | | |
| ***SD (.9976), min (1), max (5)*** | | |

**Results for Research Question #17**

*What was the **Global Collateral Consequences Score**, capturing the total negative impacts, damages, and harms from marijuana-related "stop, question, and/or frisk" experiences?*

**PART X: Global Collateral Consequences Score (GCCS-8).** Cronbach's Alpha for the Global Collateral Consequences Score (GCCS-8) scale was .982 (high internal consistency) with a *mean of 3.18* (min = 1.02, max = 4.72, SD = .955) for a *moderate level of global collateral consequences from marijuana-related "Stop, Question, and Frisk" experiences.* The eight subscales used to comprise the Global Collateral Consequences Score (GCCS-8) included a total of 48 items, from which the mean score of 3.28 was derived, thereby capturing findings for all eight subscales, including total negative impacts, damages, and harms from marijuana-related "stop, question, and/or frisk" experiences.

Of note, of the eight subscales, there were two, in particular, with mean scores suggestive of *a moderate to high level of collateral consequences*: i.e., first, the PART IX-A: Targeting or Racial Profiling by Police as Collateral Consequences 1 (TRPBP-CC1-7) subscale had the *highest mean of 3.48* (SD = .9074, min = 1, max = 5); second, the PART IX-F: Symptoms of Mental Disorders as Collateral Consequences 6 (SMD-CC6-10) subscale had the *next highest mean of 3.452* (SD = 1.045, min = 1, max = 5).

Most importantly, **the Global Collateral Consequences Score (GCCS-8) is the study primary outcome variable** used in subsequent data analyses.

See Table 18.

Table 18. *Global Collateral Consequences Score (GCCS-8) (N = 73)*

| | Mean | SD | min | max |
|---|---|---|---|---|
| **Global Collateral Consequences Score (GCCS-8) Scale (N = 73) Cronbach's Alpha (48 items) = .982** | 3.180 | .9553 | 1.02 | 4.72 |
| ***GCCS*** **=** Based on 8 scales (48 Items scored 1 to 5) | | | | |
| **PART IX-A: Targeting or Racial Profiling by Police as Collateral Consequences 1 (TRPBP-CC1-7) Subscale (N = 73)** | 3.481 | .9074 | 1 | 5 |
| **PART IX-B: Police Violence During Stop as Collateral Consequences 2 (PVDMS-CC2-6) Subscale (N = 73)** | 2.648 | 1.146 | 1 | 4.50 |
| **PART IX-C: Financial and Work as Collateral Consequences 3 (FW-CC3-4) Subscale (N = 73)** | 2.989 | 1.183 | 1 | 5 |
| **PART IX-D: Housing and Food Insecurity as Collateral Consequences 4 (HFI-CC4-4) Subscale (N = 73)** | 2.925 | 1.201 | 1 | 5 |
| **PART IX-E: Physical and Mental Health as Collateral Consequences 5 (PMH-CC5-6) Subscale (N = 69)** | 3.128 | 1.206 | 1 | 5 |
| **PART IX-F: Symptoms of Mental Disorders as Collateral Consequences 6 (SMD-CC6-10) Subscale (N = 73)** | 3.452 | 1.045 | 1 | 5 |
| **PART IX-G: Multiple Long-Lasting Damages as Collateral Consequences 7 (MLLD-CC7-10) Subscale (N = 72)** | 3.248 | 1.137 | 1 | 5 |
| **PART IX-H: Rating of Cumulative Collateral Consequences 8 (RC-CC8-1) Subscale (N = 72)** | 3.181 | .997 | 1 | 5 |

**Results for Research Question #18**

*What were the **significant relationships** <u>between</u> selected independent variables and the study outcome variable of the **Global Collateral Consequences Score**?*

**Independent t-tests comparing groups on the primary outcome variable of the Global Collateral Consequences Score (GCCS-8).** Independent t-tests were conducted for dichotomous independent variables (e.g., gender, race/ethnicity, employed) on the primary outcome variable of the **Global Collateral Consequences Score (GCCS-8)**. Given six comparison groups, and using the Bonferroni Adjustment Significance level (.05/6 = .008, p < .008), there was just one significant group difference: when comparing participants (N = 66) born (Yes) in the U.S. (M = 3.186, SD = .980) to those (N = 7) not born (No) in the U.S. (M = 3.123, SD = .735; *t* = 3.493, df = 71, p = .001), those participants born in the U.S. had a higher mean for global collateral consequences. Noteworthy is the very small number (N = 7) for those answering "No" to being born in the U.S.

See Table 19.

Table 19. *More Global Collateral Consequences Comparison of Groups*

| | More Global Collateral Consequences | | | Independent *t*-test | | |
|---|---|---|---|---|---|---|
| | N | M | S | T | df | P |
| **Gender** | | | | **2.522** | **32.795** | **.017** |
| **Female** | 23 | 2.7065 | 1.11157 | | | |
| **Male** | 48 | 3.3566 | .78153 | | | |
| | | | | .533 | 71 | .595 |
| **Race and Ethnicity** | | | | | | |
| **Black/African American** | 50 | 3.2209 | .87997 | | | |
| **Latinx Hispanic** | 23 | 3.0919 | 1.11814 | | | |
| | | | | -.164 | 71 | .870 |
| **Born in the U.S.** | | | | | | |
| **No** | 7 | 3.1237 | .73469 | | | |
| **Yes** | 66 | 3.1863 | .98016 | | | |
| | | | | 3.493 | 71 | .001** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Bachelor's Degree or Higher** | | | | | | |
| **No** | 39 | 3.5195 | .81790 | | | |
| **Yes** | 34 | 2.7911 | .96377 | | | |
| | | | | 1.917 | 71 | .059 |
| **Has A Partner** | | | | | | |
| **No** | 38 | 3.3823 | 99389 | | | |
| **Yes** | 35 | 2.9609 | .87324 | | | |
| | | | | 1.635 | 71 | .107 |
| **Employed for Wages** | | | | | | |
| **No** | 27 | 3.4161 | .79044 | | | |
| **Yes** | 46 | 3.0418 | 1.02287 | | | |

*p < .05, **p < .01, ***p < .001 Bonferroni Adjustment Significance (.05/6 = .008, p < .008). Note: All p values above .008 are considered non-significant; and only those below .008 are considered statistically significant.

**Pearson correlations for associations with the study outcome variable of the Global Collateral Consequences Score (GCCS-8).** Pearson correlations examined the relationship between 12 selected independent variables (e.g., age, skin color, etc.), and the study outcome variable of the **Global Collateral Consequences Score (GCCS-8)**. Given 12 comparisons, the Bonferroni Adjustment Significance level (.05/12 =.004, p < .004) indicated that the *higher* the global collateral consequences scores, then:

- Lower Age (r = -.572, p = .000)
- Darker Skin Color (r = .281, p = .016)
- Lower Income (r = -.269, p = 023)
- Lower Life Satisfaction (r = -.469, p = .000)
- More Negative Impact on Physical Health (r = -.264, p = .024)
- More Negative Impact on Mental Health (r = -.413, p = .000)
- Lower BMI (Body Mass Index) (r = -.439, p = .000)
- Greater frequency of various types of marijuana-related police contact (r = .580, p = .000)
- Greater extent of invasive experiences with police (r = .117, p =.000)

See Table 20.

Table 20. *Correlations between Selected Variables and More Global Collateral Consequences (N = 73)*

| | More Global Collateral Consequences | |
|---|---|---|
| | Pearson's R | P |
| **1. Lower Age** | -.572 | .000*** |
| **2. Darker Skin Color** | .281 | .016** |
| **3. Lower Income** | -.269 | .023* |
| **4. Lower Life Satisfaction** | -.469 | .000*** |
| **5. More Negative Rating of Physical Health** | -.264 | .024* |
| **6. More Negative Rating of Mental Health** | -.413 | .000*** |
| **7. Lower BMI (Body Mass Index)** | -.439 | .000*** |
| **8. Greater Negative Perceptions of Police** | .154 | .194 |
| **9. More Positive Attitudes on Marijuana Equity/Reparations** | .053 | .659 |
| **10. Higher Frequency of Various Types of Marijuana-Related Police Contact** | .580 | .000*** |
| **11. Greater Extent of Invasive Experiences with Police** | .522 | .000*** |
| **12. Higher Social Desirability** | .117 | .325 |

*p < .05, **p < .01, ***p < .001 Bonferroni Adjustment Significance (.05/12 = .004, p < .004). Note: All p values above .004 are considered non-significant; only those below .004 are considered statistically significant.

**Results for Research Question #19**

*What were the significant predictors of the study outcome variable of the **Global Collateral Consequences Score**?*

**Backward stepwise regression**. After adjusting for social desirability, significant predictors were sought for **the study outcome variable of the Global Collateral Consequences Score (GCCS-8).**

The backward stepwise regression analysis controlled for social desirability while using the following 18 (e.g., 7 dichotomous and 11 continuous) independent variables in

the regression: **1**-Gender (male/female); **2**-heterosexual (yes/no); **3**-race/ethnicity (Black/African American or Latinx/Hispanic); **4**-U.S.-born (yes/no); **5**-bachelor's degree or higher (yes/no); 6-if has partner (yes/no); **7**-if employed for wages (yes/no); **8**-age (continuous); **9**-skin color tone (continuous); **10**-annual household income (continuous); **11**-life satisfaction (continuous); **12**-self-rating of physical health (continuous); **13**-self-rating of mental health (continuous); **14**-Body Mass Index (BMI, continuous); **15**-extent of negative perceptions of police (continuous); **16**-attitudes on marijuana equity and reparations (continuous); **17**-frequency of various types of marijuana-related police contact (continuous); and **18**-extent of invasive experiences with police (continuous).

The variable for social desirability was forced into the backward regression at every step of the model.

To predict the study outcome variable of the Global Collateral Consequences Score, this study used a small sample (N = 73), while the recommended backward stepwise approach, as per Mantel (1970), was followed. This involved the model identifying and eliminating at each step the least significant variables, while the model was run again and again until a final reduced model emerged with only those variables significant at $p < .05$ remaining as the significant predicators of the study outcome variable.

Babyak (2004) commented on the value in using $p < .05$, describing this as a sufficiently liberal criterion p value so that it is likely that what will remain on the final step of the regression model are, indeed, "truly" the "important" predictors (p. 416). Babyak also acknowledged the risk that there may still be some unimportant variables remaining in the final step of the model. Yet, Babyak concluded that this risk is

outweighed due to the liberal $p < .05$, which may permit true predictors to remain in the final step of the model (p. 416). Still, with a large number of independent variables, Babyak's warning of a possible overfitted model remains. Further, overfitting may contribute to findings that actually do not "exist in the population and hence will not replicate" (p. 411). A small sample size and too many independent variables as possible predictors, and variables correlated with each, all mean the study could at best produce findings considered "tentative" (p. 416). Finally, Babyak conceded a point made by Steyerberg et al. (2001): If one must use a stepwise approach, then backward stepwise is the least harmful of the approaches, particularly when the liberal $p < .05$ is utilized.

With these limitations in mind, this study proceeded with the 18 independent variables identified above.

While controlling for social desirability, the significant predictors of **the study outcome variable of the Global Collateral Consequences Score (GCCS-8)** were as follows:

- Not born in the U.S. ($\beta = -.607$, $SE_B = .294$, $p = .044$)
- *Lower life* satisfaction ($\beta = -.141$, $SE_B = .044$, $p = .002$)
- *Lower* Body Mass Index ($\beta = -.042$, $SE_B = .010$, $p = .000$)
- *More positive* attitudes on marijuana equity and reparations ($\beta = .347$, $SE_B = .099$, $p = .001$)
- *Greater frequency* of various types of marijuana-related police contact ($\beta = -.232$, $SE_B = .099$, $p = .024$)
- *Greater extent* of invasive experiences with police ($\beta = .324$, $SE_B = .084$, $p = .000$)

This model accounted for 62.4% of the variance ($R^2 = 0.669$ and Adj $R^2 = 0.624$).

See Table 21.

Table 21. *Backwards Stepwise Regression for Study Outcome Variable of the Global Collateral Consequences Score (GCCS-8)*

| **Controlling for Social Desirability— Predictors of a Higher Global Collateral Consequences Mean Score:** | | | |
|---|---|---|---|
| **Predictor Variables** | B | $SE_\beta$ | P |
| ***Not* Born in the US** | -.607 | .294 | .044* |
| ***Lower* Life Satisfaction** | -.141 | .044 | .002* |
| ***Lower* Body Mass Index** | -.042 | .010 | .000*** |
| ***More Positive* Attitudes on Marijuana Equity & Reparations** | .347 | .099 | .001** |
| ***Greater Frequency* of Various Types of Marijuana-Related Police Contact** | .232 | .099 | .024* |
| ***Greater Extent* of Invasive Experiences with Police** | .324 | .084 | .000*** |

*p < .05, **p < .01, ***p < .001. $R^2$ = (0.669), Adjusted $R^2$ = (0.624), meaning 62.4.% of variance was explained by this model. F = 14.723; p = .000

**Results for Research Question #20**

*When given the opportunity to engage in open self-expression, what were the emergent themes that arose from* ***qualitative data analysis*** *(i.e., their story of marijuana-related "stop, question, and/or frisk" experiences and negative impacts/harms/damages; how they coped with what happened to them; and their thoughts about the money being made from medical marijuana/legal marijuana, and their recommendations)?* **(OSE-3)**

**Part XI: Share Your Story and Thoughts (SYSAT-3).** Qualitative data analysis followed the GUIDE used by the Research Group on Disparities in Health (RGDH) (see Appendix G). Data analysis involved the Principal Investigator identifying categories and emergent themes, followed by the Dissertation Sponsor reviewing, confirming, or

reworking the emergent categories or themes. The result of this collaboration was data that arose from three bodies of participant data:

A. their story of marijuana-related "stop, question, and/or frisk" experiences and negative impacts/harms/damages;

B. how they coped with what happened to them; and

C. their thoughts about the money being made from medical marijuana/legal marijuana, and their recommendations.

The three sections that follow are labeled as indicated with their categories and emergent themes:

- **Part XI: Share Your Story and Thoughts (SYSAT-3)—Part A (4 categories with 10 emergent themes)**
- **Part XI: Share Your Story and Thoughts (SYSAT-3)—Part B (4 categories with 14 emergent themes)**
- **Part XI: Share Your Story and Thoughts (SYSAT-3)—Part C (4 categories with 21 emergent themes)**

**Part XI: Share Your Story and Thoughts (SYSAT-3)—Part A.** For (a) being asked, "Please freely share your story of any Marijuana-related police STOP, QUESTION, and/or FRISK experiences—including the negative impact to your life or those harms and damages that you suffered," there were *10 emergent themes across 4 categories*, as follows with sample quotes:

**Category I-Race-based Targeting**
**2 Emergent Themes**:
- ***1 - Being stopped by police officer(s) due to race***
- ***2 - Being stopped by police officer(s) and singled out while in the company of White people***

**Selected Quotes:**

- "They targeted me specifically out of a group of people (I was the only POC in the group) and questioned me."
- "We all walked home to play xbox after football practice. 3 black kids 3 Hispanic and 2 white kids. All of us carrying pads helmets and gear, were stopped patted down and had our bags searched, all except our 2 white teammates who were literally placed to the other side and watched as we all got lined up and patted down."

**Category II-Unreasonable Search and Seizure**
**3 Emergent Themes:**

- ***1 - Being stopped by police officer while walking/driving and unlawfully searched***
- ***2 - Being approached by police officer while stationary and unlawfully searched***
- ***3 - Having police officer enter private property (home, car, etc.) and conducting unlawful search***

**Selected Quotes:**

- "The car was searched (he said he smelled marijuana), nothing was found and I was sent on my way."
- "I was pulled from the car and searched without being asked for license or registration…. I was then searched without my consent and asked where my drugs were."
- "Was flagged down by cops for no apparent reason and forced to empty pockets and bags. They never found anything."
- "I got stop stepping out my own housing waiting for my girlfriend. She came and saw them searching me like a criminal. I asked why I'm being search and didn't get any valid reason."
- "I was coming from work and the undercover police believed I had Marijuana on me and pat me down. He was very disappointed to not find anything."
- "They searched everything broke a few things and couldn't find anything because there was nothing to ever find."
- "I was stopped by the police because I was in a predominate white neighborhood; however, I was questioned about where I was coming from and where I was going. The officer looked around and inside my car to see if there were any illegal items."

**Category III-Avoidance of Police Interaction/ Fear of Police Interaction**
**2 Emergent Themes:**

- ***1 - Refusal to call police in the event of an emergency***
- ***2 - Fear of interaction with police officer(s)***

**Selected Quotes:**

- "i avoid calling the police for emergency incidents—simply to avoid them."
- "A little scared to see the police."
- "Terrified after being frisked at W 4th on my way to school."

**Category IV-Changes in Mental Health Status**

**3 Emergent Themes**:

- ***1 - Experiencing negative emotions in wake of police interaction***
- ***2 - Experiencing decline in mental health in wake of police interaction***
- ***3 - Receiving new mental health diagnoses after police interaction***

**Selected Quotes:**

- "I was stopped on multiple occasions and each time it became more stressful to have such an encounter with police. I began to have a mental health decline that I did not have before these encounters. I still get extremely nervous and anxious when I placed in an environment where I have to interact with police officers."
- "Depression, anxiety, fear of police and ptsd."
- "I was humiliated by the police search."

See Table 22.

Table 22. *Emergent Themes and Categories from Participants' Stories of Their Experiences, Negative Impacts, and Harms Suffered*

---

**(a) Please freely share your story of any Marijuana-related police STOP, QUESTION and/or FRISK experiences—including the negative impact to your life, or those harms and damages that you suffered.**

**4 Categories and 10 Emergent Themes**

**Category I-Race-based Targeting**

- Being stopped by police officer(s) due to race
- Being stopped by police officer(s) and singled out while in the company of White people

**Category II-Unreasonable Stop & Seizure**

- Being stopped by police officer while walking/driving and unlawfully searched
- Being approached by police officer while stationary and unlawfully searched
- Having police officer enter private property (home, car, etc.) and conducting unlawful search

**Category III-Avoidance of Police Interaction/Fear of Police Interaction**

- Refusal to call police in the event of an emergency
- Fear of interaction with police officer(s)

**Category IV-Changes in Mental Health Status**

- Experiencing negative emotions in wake of police interaction
- Experiencing decline in mental health in wake of police interaction
- Receiving new mental health diagnoses after police interaction

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**Part XI: Share Your Story and Thoughts (SYSAT-3)—Part B.** For (b), "How did you cope with what happened to you?" there were *14 emergent themes across 4 categories*, as follows with sample quotes.

**Category I-Sought Help**
**4 Emergent Themes**:

- ***1 – Sought individual therapy***
- ***2 – Sought group therapy***
- ***3 – Spoke with friends/family about experience***
- ***4 – Meditation/Mindfulness***

**Selected Quotes:**

- "A lot of therapy. Prayer. Talking with family and friends. My own research and work studying racism and supporting others as they experience racism. Venting on social media. Protesting nypd."
- "I learned to cope with these encounters by discussing them with my support group and maintaining an active lifestyle."
- "I did a lot of talk therapy to help me process what happened."
- "I talked to my friends, I ranted and raved about the injustice."
- "I spoke with a therapist."
- "meditation"
- "Meditation and listening to music"
- "I have seen therapists and counselors who have helped me to understand."
- "police…I have been working closely with therapist to unpack PTSD."

**Category II-Avoidance of Police**
**2 Emergent Themes:**

- ***1 – Avoidance of Police***
- ***2 – Avoidance of Certain Locations***

**Selected Quotes:**

- "I avoid the police."
- "vowed to avoid police as much as I could"
- "I stopped using the subway if it was possible to take the bus or walk."

**Category III-Self-Medicating Feelings, Surveillance, Trauma**
**4 Emergent Themes:**

- ***1 – Alcohol use for self-medication***
- ***2 – Cannabis/marijuana use for self-medication***
- ***3 – Numbing feelings of being under police surveillance***
- ***4 – Numbing feelings from being traumatized by police***

**Selected Quotes:**

- "I rely more on my vape pen more than i should. I also drink a bit more to self-medicate when I am feeling anxious/"
- "I smoked more weed/"

- "To cope extensively smoking marijuana and using alcohol/drugs to numb feelings of being surveilled, traumatized by police."

**Category IV-No Active Coping Mechanisms in Place**
**4 Emergent Themes:**

- ***1 – Avoiding facing the trauma***
- ***2 – Defense of suppressing emotion***
- ***3 – Dealing by being stoic, silent, moving on***
- ***4 – Hoping it does not happen again to self or loved ones***

**Selected Quotes:**

- "dare not face"
- "i have just suppressed the feeling and emotions so i can try and live a normal life."
- "my option was to clean up their mess and move on n just stay quiet."
- "We learn to deal with it and hope it doesn't happen again or those we love."

See Table 23.

Table 23. *Emergent Themes and Categories from Participants Coping Mechanisms Employed after Police Contact*

| ***(b) How did you cope with what happened to you?*** |
|---|
| **4 Categories and 14 Emergent Themes** |
| **Category I-Sought Help of Mental Health Professional** |
| • Sought individual therapy |
| • Sought group therapy |
| • Spoke with friends/family about experience |
| • Meditation/Mindfulness |
| **Category II-Avoidance of Police/Triggers** |
| • Avoidance of interactions with police |
| • Avoidance of locations with risk of police contact |
| **Category III-**Self-M**edicating Feelings, Surveillance, Trauma** |
| • Alcohol use for self-medication |
| • Cannabis/marijuana use for self-medication |
| • Numbing feelings of being under police surveillance |
| • Numbing feelings from being traumatized by police |
| **Category IV-No Active Coping Mechanisms in Place** |
| • Avoiding facing the trauma |
| • Defense of suppressing emotion |
| • Dealing by being stoic, silent, moving on |
| • Hoping it does not happen again or to loved ones |

**Part XI: Share Your Story and Thoughts (SYSAT-3)—Part C.** For (c), "What do you think about the money being made from medical marijuana or legal marijuana—and what do you recommend?" there were *21 emergent themes across 4 categories*, as follows with sample quotes:

**Category I-Support for Decriminalization and Legalization—Seeing Business, Taxation, and Personal Opportunities**
**4 Emergent Themes:**

- ***1 – Support for decriminalization and legalization***
- ***2 – Decriminalization and legalization permit lucrative business***
- ***3 – Opportunities from taxation and revenue made***
- ***4 – Opportunity to smoke on one's own property***

**Selected Quotes:**

- "Good idea since it's being decriminalized across the U.S. money is definitely there to be made, billions."
- "I recommend legalizing it 1 everywhere. It's a booming business and it helps so many people."
- "I think it is an excellent way to tax a substance already being used in wide circulation."
- "I think it's great we're 1 moving forward with everything so it can just be easy on me to be able to smoke in my own property."
- "I think its great money can be made from Marijuana."
- "I think the revenue is a great thing!"
- "We need to legalize and decriminalize."

**Category II-Seeing Injustice, Irony, and Feeling Anger, Sadness in Response to Decriminalization and Legalization—with Lack of Support**
**2 Emergent Themes**

- ***1 – Injustice and sadness since so many died, were deported, or suffered for supplying or using marijuana***
- ***2 – Seeing irony and feeing anger over upper class and corporations benefitting now, after (BIPOC) family and community suffering***

**Selected Quotes:**

- "I think it's an injustice. Many people have died, deported for supplying the natural exchange of marijuana."
- "I think it's sick how the upper class/corporations can monetarily benefit from marijuana when I have friends and family members who have had years taken away for smoking."
- "I think its sad."
- "Does not support"

**Category III-Recommendations Spanning Use of Profits from Medical/Legal Marijuana Sales, Police/Criminal Justice Reform, Policy Changes**
**12 Emergent Themes:**

- ***1 – Profits used to give reparations to individual, families, and communities harmed by police practices and the War on Drugs—including tax breaks/tax relief***
- ***2 –Profits targeted to Black, Indigenous and People of Color (BIPOC) communities harmed by the War on Drugs***
- ***3 – Profits invested in community rehabilitation, especially BIPOC communities and urban inner-cities targeted in the War on Drugs***
- ***4 – Prioritizing BIPOC individuals for access to licenses for marijuana businesses***
- ***5 – Prioritizing BIPOC individuals and low-income cities for access to medical marijuana economic grants to support opening businesses/ dispensaries***
- ***6 – Encouragement for new "Angel" investors to support marijuana "start-ups" by BIPOC entrepreneurs***
- ***7 – Profits and investments to support creative community-based marijuana cultivation and supply networks for employment, including work for youth to support families***
- ***8 – Profits allocated to communities so they engage in self-determination, directing funds based on their perceived needs***
- ***9 – Prioritizing BIPOC individuals for access to medical marijuana cards***
- ***10 – Profits from sales invested in education***
- ***11 – Profits used to reform policies, police practices, and the criminal justice system across the country to eliminate practices leading to criminal convictions from marijuana***
- ***12 – Reversal of policy for hyper-regulation of cannabis cultivation and sales***

**Selected Quotes:**

- "Economic grants for the opening of dispensaries"
- "I believe part of the money being made for medical marijuana should also go towards education."
- "Some of the profits should be used for reparations of communities that have suffered at the hands of negative police practices across this country. I also think the money should be used to reform the criminal justice system so individuals are not marginalized based upon criminal convictions from marijuana."
- "reversal of the hyper-regulation of cannabis cultivation/sales and the fostering of worker self0directed cultivation operations to supply the cannabis needs of its community"
- "…and allowed to gainfully access funds to start up a legitimate business as their white counterparts with a tax break for all years punished 5xs the amount of years served"

- "That money should be used for reparations to repay all of the people and their families who were adversely impacted by stupid arbitrary racist war on drug laws. Furthermore, Black and indigenous people should get first dibs on medical marijuana cards and business ownership."
- "…I recommend every person arrested for simple possession should be …given the option on obtaining a marijuana license first, followed by lower income cities."
- **"**I think communities can choose how to best apply funds with a lens focused on supporting BIPOC communities that have been inequitably harmed by the war on drugs."
- **"**I think the money being made should go wherever it's needed in the communities."
- **"**I think the revenue raised should be aimed at black and brown communities. I think there should be some sort of jobs for youth who help their families by selling weed."
- **"**It MUST be invested into education and rehabilitation for our BIPOC communities!"
- **"**It should be use in the community's that need help the most poor and low income areas (urban communities)."
- "It's unfair that communities of color are not benefiting from this booming industry. Angel investors should fund POC start-ups that want to break into this industry. Would also recommend providing access to people of color who want to purchase marijuana licenses."
- "The money used to help inner city communities."

**Category IV- Suggestions to Address the Harms and Damages Incurred**
**3 Emergent Themes:**

- ***1 – Exonerate all arrested with free expungement of criminal records for non-violent marijuana-related charges***
- ***2 – Monetary reparations for pain and suffering from damages incurred from police contact and criminal justice involvement during War on Drugs***
- ***3 – Access to free and affordable high quality mental health care for those suffering damages***

**Selected Quotes:**

- "Expunge all non violent marijuana related charges"
- "High quality therapy for those impacted"
- "Everyone that's ever been convicted of any marijuana type offenses to be paid for pain and suffering, expunging their records free of charge…
- "I recommend, every person arrested for simple possession should be exonerated…."

See Table 24.

Table 24. *Emergent Themes and Categories from Participants' Thoughts about Money Being Made from Medical/Legal Marijuana—and Recommendations*

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***(a) What do you think about the money being made from medical marijuana or legal marijuana—and recommendations?***

**4 Categories and 21 Emergent Themes**

**Category I-Support for Decriminalization and Legalization—Seeing Business, Taxation, and Personal Opportunities**

**4 Emergent Themes:**

- ***1 – Support for decriminalization and legalization***
- ***2 – Decriminalization and legalization permit lucrative business***
- ***3 – Opportunities from taxation and revenue made***
- ***4 – Opportunity to smoke on one's own property***

**Category II-Seeing Injustice, Irony, and Feeling Anger, Sadness in Response to Decriminalization and Legalization—with Lack of Support**

**2 Emergent Themes**

- ***1 – Injustice and sadness since so many died, were deported, or suffered for supplying or using marijuana***
- ***2 – Seeing irony and feeing anger over upper class and corporations benefitting now, after (BIPOC) family and community suffering***

**Category III-Recommendations Spanning Use of Profits from Medical/Legal Marijuana Sales, Police/Criminal Justice Reform, Policy Changes**

**12 Emergent Themes:**

- ***1 – Profits used to give reparations to individual, families, and communities harmed by police practices and the War on Drugs—including tax breaks/tax relief***
- ***2 –Profits targeted to Black, Indigenous and People of Color (BIPOC) communities harmed by the War on Drugs***
- ***3 – Profits invested in community rehabilitation, especially BIPOC communities and urban inner-cities targeted in the War on Drugs***
- ***4 – Prioritizing BIPOC individuals for access to licenses for marijuana businesses***
- ***5 –Prioritizing BIPOC individuals and low-income cities for access to medical marijuana economic grants to support opening businesses/ dispensaries***
- ***6 – Encouragement for new "Angel" investors to support marijuana "start-ups" by BIPOC entrepreneurs***
- ***7 – Profits and investments to support creative community-based marijuana cultivation and supply networks for employment, including work for youth to support families***
- ***8 – Profits allocated to communities so they engage in self-determination, directing funds based on their perceived needs***

- ***9 – Prioritizing BIPOC individuals for access to medical marijuana cards***
- ***10 – Profits from sales invested in education***
- ***11 – Profits used to reform policies, police practices, and the criminal justice system across the country to eliminate practices leading to criminal convictions from marijuana***
- ***12 – Reversal of policy for hyper-regulation of cannabis cultivation and sales***

**Category IV-Suggestions to Address the Harms and Damages Incurred**

**3 Emergent Themes:**

- ***1 – Exonerate all arrested with free expungement of criminal records for non-violent marijuana-related charges***
- ***2 – Monetary reparations for pain and suffering from damages incurred from police contact and criminal justice involvement during War on Drugs***
- ***3 – Access to free and affordable high quality mental health care for those suffering damages***

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## Conclusion

This chapter presented the results of data analysis. Tables summarized the findings. The next and last Chapter V discusses the results of data analysis as well as present implications, recommendations, study limitations, and conclusion.

# Chapter V

# SUMMARY, DISCUSSION, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSION

This chapter provides a summary of the dissertation as well as a discussion of the results. The implications of the findings and recommendations for future research are also presented, along with limitations and a final conclusion.

## Summary of the Literature Review

Stop, Question, and Frisk (SQF) or "Terry frisks" stem from the *Terry v. Ohio* decision, which ruled that police officers could stop a person who they reasonably deemed to be dangerous and engaged in criminal activity (Alexander, 2011). According to Alexander (2011), law enforcement agencies were financially incentivized to increase drug arrests; thus, "the arrests" seemingly "reflect a surge in illegal drug activity" as opposed to the driving force of a hike in funding for drug interdiction to intensify police activity—as a key factor actually operating and having a tremendous impact (p. 77).

As per White and Fradella (2016), findings for the New York Police Department (NYPD) show SQF tactics served as a primary tool in "the department's targeted effort against marijuana" (p. 85). Those in communities of color were arrested at disproportionate rates. SQF created opportunities to arrest people of color put in a

position to violate the plain-view laws for marijuana possession. In essence, the tactic of stopping, questioning, and frisking typically led to the marijuana being in plain view, as a violation of the law, which led to disproportionate arrests of people of color (White & Fradella, 2016).

Bender (2016) described how drugged driving or driving under the influence of marijuana, public consumption or burning marijuana publicly, and marijuana possession by youths are three "vestiges of racial profiling in a legalization regime" (p. 701). With urban, low-income neighborhoods subject to increased police activity compared to predominantly White and higher-income neighborhoods, individuals who live in smoke-free housing or public housing are limited in where they can legally smoke marijuana. Smoking marijuana anywhere other than indoors is strictly prohibited. Notably, smoking marijuana indoors excludes the latitude to smoke inside of a vehicle (Bender, 2016).

A common tactic used by police to establish probable cause to body search an individual or their vehicle is the claim that the officer smelled marijuana (Thompson, 2017). Today, police throughout the United States continue to report that they smelled marijuana as the rationale to "search, arrest, abuse, and murder black and brown people" (p. 212). Thus, marijuana prohibition, in particular, "continues to be at the forefront of drug arrests" (p. 213). Notably, those who present as non-White continue to experience "structural racism of the historic war on drugs," despite new drug law regulations aimed at legalizing and decriminalizing marijuana (p. 212).

Bender (2016) contended "the initial criminalization of marijuana rooted in racial stereotypes" remains a negative consequential factor for people of color as states legalize marijuana use in contemporary times (p. 690). The influence of media has undoubtedly

played a historical role in the perpetuation of propaganda and negative racial stereotypes. As media portrayals racially stereotyped marijuana "users of color as threatening public safety and welfare," state governments also adopted racialized policies as a rationale for marijuana prohibition (p. 690).

In line with previous findings, Gaston (2019) noted, "drug arrests have long-standing, unwarranted race disparities" (p. 429). According to Gaston, "Whites are disproportionately involved in 'hard drugs,'" yet African Americans and Latinx populations tend to shoulder the highest drug arrest rates (p. 425).

Racial arrest disparities are implicated with a multitude of problems that adversely impact individuals, families, and communities (Schleiden et al., 2020). Research has identified "police stops as a social determinant of health" (Baćak & Nowotny, 2018, p. 9). Further, an "association between police stops and depressive symptoms exists" (p. 10). The experience of jail arrest or prison incarceration has been found to be associated with the following: health status (Baćak et al., 2020; Mooney et al., 2018; Semenza & Link, 2019); employment (Adrian, 2015; Thompson, 2017); indebtedness and voting behavior (White, 2019); toxic stress (Provencher & Conway, 2019; Semenza & Link, 2019); supplemental nutrition assistance (Bender, 2016); housing (Bender, 2016; Mooney et al., 2018); family support, health insurance benefits, and immigration (Mooney et al., 2018; Thompson, 2017); parental rights (Ludlum & Johnson, 2018); revocation of driving privileges as well as lost wages (Banys, 2016; Kamalu & Onyeozili, 2018).

A multitude of collateral consequences prove detrimental to communities of color (Alexander, 2011; Wallace, 2019). Alexander (2011) has coined the "New Jim Crow" to

capture the broad range of contemporary collateral consequences of mass incarceration and War on Drugs policy, including the loss of many rights (e.g., voting) that are reminiscent of U.S. history of a prior era of Jim Crow that legalized and codified the subjugation of Blacks. Today, what may seem like a colorblind set of policies in this country, at least on a surface level, is actually systematically targeting African Americans for criminal arrests (pp. 252-253).

Negative consequences begin with just police contact or a SQF experience, including potential police violence—with police violence or law enforcement violence recognized as a public health issue (Duarte et al., 2020). Police violence "is a social determinant of health," which includes intentions to "dehumanize and degrade," as well as "emotional and sexual violence, verbal assault, and psychological intimidation" (Alang et al., 2017, p. 662). Police contact may also be associated with drug use, given the stress and strain of the experience (Baron & Macdonald, 2020). Bowleg et al. (2020) identified depression and patterns of police avoidance as consequences of negative police encounters and incarceration. Personal-level consequences of incarceration may potentially include: a higher proportion of chronic health conditions, depression, symptoms of post-traumatic stress, functional impairment, and overall worse psychological health—as indicators of a poorer quality of life among the incarcerated, in comparison to those in community-based samples (Prost et al., 2020).

Other collateral consequences of the War on Drugs policy involve the realms of employment, housing, education, and eligibility for public benefits, including, as per Wallace (2014), "exacerbations involving mental illness, HIV, tuberculosis, other infectious diseases, as well as violence"; post-incarceration, there is "the transfer of a

greater risk of morbidity and mortality from infectious diseases to their sexual partners, children, family, and larger community" (pp. 20-21). Hence, massive collateral consequences effectively damage the lives of the incarcerated as well as their children, families, and communities (p. 20). There is also a resultant crisis of "special vulnerable populations" that encompass those with "histories of incarceration and related trauma," others who are "mentally ill chemical abusers," and "those with co-morbid disorders and multiple mental disorders" (p. 24). Other collateral consequences include those "left homeless, those unable to access affordable housing, and those displaced due to factors such as incarceration and gentrification" (p. 24). Also, the very worst impact from collateral consequences has been upon urban Black communities, followed by other communities of color such as Latinx (Wallace, 2014).

In recent discussions of marijuana legalization, an issue raised involves whether communities most targeted from marijuana prohibition enforcement policies should receive reparations for harms caused by the War on Drugs (Bender, 2016; Thompson, 2017). According to a *Harvard Law Review* (2017-2018), Senator Cory Booker (D-New Jersey) proposed legislation "to repair the harms exacted by marijuana prohibition" through the Marijuana Justice Act (MJA) of 2017 (Drug policy—Marijuana Justice Act of 2017, p. 926). From a historical legal perspective, Bender (2016) explained how "financial reparations are rarely granted to communities of color" (p. 705). However, Darity and Mullen (2020) contended that payment of reparations has been used "throughout the world to provide redress for grievous injustices" (p. 1).

## Summary of Statement of the Problem

Given the evidence of massive negative collateral consequences, the problem that this study addressed involved the disproportionate negative impact of the War on Drugs policy on Black (African American) and Latinx (Hispanic) adults—given the following: racial profiling mechanisms, SQF procedures, and concentrated neighborhood police stops—with resultant high rates of police contact. The multitude of potential negative collateral consequences for Black and Latinx adults have led to a call for reparations.

## Summary of Purpose of the Study

The purpose of this study was to **identify the significant predictors of the study outcome variable of greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score) for Black and Latinx adults with any history of marijuana-related police "Stop, Question and/or Frisk" experiences.**

When seeking to identify significant predictors of a **greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score, while controlling for social desirability)**, the independent variables included were selected from among the following: **1-**Gender (male/female); **2-**heterosexual (yes/no); **3-**race/ethnicity (Black/African American or Latinx/Hispanic); **4-**U.S.-born (yes/no); **5-**bachelor's degree or higher (yes/no); 6-if has partner (yes/no); **7-**if employed for wages (yes/no); **8-**age (continuous); **9-**skin color tone (continuous); **10-**annual household income (continuous); **11-**life satisfaction (continuous); **12-**self-rating of physical health (continuous); **13-**self-rating of mental health (continuous); **14-**Body Mass Index (BMI, continuous); **15-**extent of negative perceptions of police (continuous); **16-**attitudes on marijuana equity and

reparations (continuous); **17-**frequency of various types of marijuana-related police contact (continuous); and **18-**extent of invasive experiences with police (continuous).

### Summary of Research Questions, Survey Parts, and Data Analysis Plans

Given an online sample (N = 73) of Black and Latinx adults with a history of being stopped, questioned, and/or frisked by police searching for marijuana who responded to a social media campaign (i.e., *"Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15-MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests.*"), the study utilized a mixed-methods approach to investigate the following:

> 1-using descriptive statistics, the research determined the sample's demographic and background characteristics.
>
> 2-using inferential statistics (i.e., Pearson correlation, independent t-tests), the research identified significant relationships between **the study outcome variable/dependent variable of greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score) for Black and Latinx adults with any history of marijuana-related police "Stop, Question and/or Frisk" experiences** and selected independent variables from the survey parts.
>
> 3-using backward stepwise regression, while controlling for social desirability, the research identified significant predictors of **the study outcome variable/ dependent variable of greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score) for Black and Latinx adults with any history of marijuana-related police "Stop, Question and/or Frisk" experiences.**
>
> 4-using qualitative data analysis, the study identified emergent themes and categories from: (a) participants' stories of their "stop, question, and/or frisk" experiences and negative impacts/harms/damages; (b) how they coped with what happened to them; and (c) their thoughts about the money being made from medical marijuana/legal marijuana, and their recommendations.

## Summary of Anticipated Findings

It was anticipated that, controlling for social desirability, backward stepwise regression analysis would show significant predictors of **greater severity of collateral consequences—or the higher the Global Collateral Consequences Score—for Black and Latinx adults with a history of a marijuana-related police "Stop, Question and/or Frisk" experience** would be as follows: 1-**Female** Gender (male/female); 2-**Yes** heterosexual (yes/no); 3-**Black** race/ethnicity (Black/African American or Latinx/ Hispanic); 4-**Yes** U.S.-born (yes/no); 5-**No** bachelor's degree or higher (yes/no); 6-**No** if has partner (yes/no); 7-**No** if employed for wages (yes/no); 8-**Younger** age (continuous); 9-**Darker** skin color tone (continuous); 10-**Lower** annual household income (continuous); 11-**Lower** life satisfaction (continuous); 12-**Lower** self-rating of physical health (continuous); 13-**Lower** self-rating of mental health (continuous); 14-**Higher** Body Mass Index (BMI, continuous); 15-**Greater** extent of negative perceptions of police (continuous); 16-**More favorable** attitudes on marijuana equity and reparations (continuous); 17-**Greater** frequency of various types of marijuana-related police contact (continuous); and 18-**Greater** extent of invasive experiences with police (continuous).

## Summary of Research Sample and Procedures

The study sample was recruited via a social media campaign on websites, Facebook, LinkedIn, e-mails, Instagram, text messages, using a core recruitment message (i.e., Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15-MINUTE SURVEY for chance to

win 1 of 3 $100 Amazon gift card. No questions on arrests.). Hence, a study incentive was used of a lottery for the Amazon gift cards. Those meeting study inclusion criteria indicated that they: (a) self-identified as African American, Black, Latinx, Hispanic, or Latino; (b) were at least age 18 or older; (c) lived in the United States; and (d) had the experience of police "stopping, questioning, and/or frisking" them because police suspected them of involvement with marijuana. A total of 82 individuals met inclusion criteria for study participation, having advanced beyond the Informed Consent and Participants' Rights pages, including having answered at least one demographic question. Only 73 participants had sufficiently completed the survey so as to provide data for the study outcome variable—as study completers. Hence, the final study was N = 73.

## Summary of Research Instrumentation

The original research instrumentation created for this study was called the **Collateral Consequences Survey on Marijuana-Related "Stop, Question, and Frisk" Experiences (CCS-OMR-SQFE).** The new CCS-OMR-SQFE tool combined multiple survey parts—including scales established in the research literature as well as new scales. The purpose in creating new scales was to ensure that the measures were culturally appropriate and arose from current literature and research so as to be specific to the research focus for the study populations. The CCS-OMR-SQFE underwent three rounds of pilot testing with a minimum of three volunteers in each round, in order to streamline and shorten the length, given the need to produce a final tool that took approximately 15 minutes to complete; this was deemed essential, given the need to reduce the burden of time within the context of the COVID-19 pandemic. The resultant final CCS-OMR-

SQFE tool is innovative, permitting potential documentation of the multiple collateral consequences that follow from marijuana-related SQF experiences for Black and Latinx adults in the United States. The CCS-OMR-SQFE tool had the following parts:

- Part I: Basic Demographics (BD-10)
- Part II: Life Satisfaction Scale (LSS-1)
- Part III: Personal Health Background (PHB-6)
- Part IV: Single Item Rating of Risk of Providing Socially Desirable Responses (SIR-RPSDR-1)
- Part V: Perception of Police Survey—Short (POPS-S-6)
- Part VI: Marijuana Equity and Reparations Attitudes Scale (ME-RAS-4)
- Part VII: Frequency and Types of Marijuana-Related Police Contact (FT-MRPC-6)
- Part VIII: Invasive and Confining Experiences with Police (ICE-WP-4)
- Part IX-A: Targeting or Racial Profiling by Police as Collateral Consequences 1 (TRPBP-CC1-7)
- Part IX-B: Police Violence During Stop as Collateral Consequences 2 (PVDMS-CC2-6)
- Part IX-C: Financial and Work as Collateral Consequences 3 (FW-CC3-4)
- Part IX-D: Housing and Food Insecurity as Collateral Consequences 4 (HFI-CC4-4)
- Part IX-E: Physical and Mental Health as Collateral Consequences 5 (PMH-CC5-6)

- Part IX-F: Symptoms of Mental Disorders as Collateral Consequences 6 (SMD-CC6-10)
- Part IX-G: Multiple Long-Lasting Damages as Collateral Consequences 7 (MLLD-CC7-10)
- Part IX-H: Rating of Cumulative Collateral Consequences 8 (RC-CC8-1)
- Part X: Global Collateral Consequences Score (GCCS-8)

## Summary of Data Management and Data Analysis

The Qualtrics platform hosted the survey, permitting access to a sample of convenience. Data collection began after IRB approval from Teachers College, Columbia University under an "exempt" status, which was obtained March 24, 2021; data collection ended on April 25, 2021. Data were transferred from Qualtrics to SPSS version 26.0.

## Summary of Results

### Findings on Participants' Demographics, Characteristics, and Attitudes

The sample (N = 73) was 65.8% (N = 48) male, 31.5% (N = 23) female, 68.5% (N = 50) Black, 31.5% (N = 23) Latinx, with 90.4 % (N = 66) born in the United States, with a mean age of 30.04 years (min = 18, max = 55, SD = 9.42). Some 46.6% (N = 34) completed a Bachelor's degree or higher, while 63% (N = 46) were employed, having a mean annual household income of $40,000 to $49,000 (mean = category 4.23, min = 1, max = 11, SD = 1.899).

In considering the participants' responses on all surveys, the sample had a *low moderate risk for providing socially desirable responses* (mean = 4.86, min = 0, max = 10, SD = 2.411).

Of note, the participants' attitudes showed *moderate to high support for marijuana equity and reparations* (i.e., Marijuana Equity and Reparations Attitudes Scale, Cronbach's Alpha = .838, good internal consistency; mean = 3.64**,** min = 1, max = 5, SD =.953). Namely, 78.1% agreed or strongly agreed "there should be a legal marijuana industry in all states, whereas 52% agreed or strongly agreed that "families, children and communities of those who suffered negative consequences from a 'Stop, Question and/or Frisk' experience also deserve monetary ($) or other compensation (reparations) for their pain, suffering and damages." The qualitative data showed relevant emergent themes in support of a legal marijuana industry, along with numerous ideas for how to use profits from that industry: ***Support for decriminalization and legalization; Profits used to give reparations to individual, families, and communities harmed by police practices and the War on Drugs—including tax breaks/tax relief; Profits targeted to Black, Indigenous and People of Color (BIPOC) communities harmed by the War on Drugs; Profits invested in community rehabilitation, especially BIPOC communities and urban inner cities targeted in the War on Drugs; Prioritizing BIPOC individuals for access to licenses for marijuana businesses; Prioritizing BIPOC individuals and low-income cities for access to medical marijuana economic grants to support opening businesses/dispensaries; Encouragement for new "Angel" investors to support marijuana "start-ups" by BIPOC entrepreneurs; Profits and investments to support creative community-based marijuana cultivation and supply networks for***

***employment, including work for youth to support families; Profits allocated to communities so they engage in self-determination, directing funds based on their perceived needs; Prioritizing BIPOC individuals for access to medical marijuana cards; Profits from sales invested in education; Profits used to reform policies, police practices, and the criminal justice system across the country to eliminate practices leading to criminal convictions from marijuana; Monetary reparations for pain and suffering from damages incurred from police contact and criminal justice involvement during War on Drugs; and Access to free and affordable high-quality mental health care for those suffering damages.***

### Findings on Perceptions of Police, Frequency of Types of Police Contact, and Confining and Invasive Experiences

For their perceptions of police, findings showed the sample had *closest to a high level of negative perceptions of the police* (Perception of Police Survey—Short [POPS-S-6] Cronbach's Alpha = .838, good internal consistency; mean = 3.89; min = 2.33, max = 5, SD = .647). Approximately 8 out of 10 disagreed or strong disagreed that police treat all people fairly (78.1%), police do not discriminate (86.3%), and police are unbiased (85.3%).

The participants had a *between moderate to high frequency of various types of police contact* (Frequency and Types of Marijuana-Related Police Contact [FT-MRPC-6] Cronbach's Alpha = .932, high internal consistency; mean = 2.694, min = .17, max = 4, SD = 1.047). Seven out of 10 of ten had experienced a few times to many times being stopped by police (76.7%), while two-thirds had had experienced a few times to many times being questioned by police (67.1%), frisked by police (66.6%), and asked to empty

their pockets (66.6%). Prominent were having experiences a few times to many times where police asked participants to open and/or empty a bag/backpack (63%) or searched their property, ranging from their car to their home (54.8%).

Further, these initial police contacts were followed up with a *low to moderate frequency of invasive and confining experiences* with police (Invasive and Confining Experiences with Police [ICE-WP-4] Cronbach's Alpha =.948, high internal consistency; mean = 1.56, min =.00, max = 4, SD = 1.335). Approximately 4 out of 5 had experiences twice or a few times of being placed in handcuffs (47.5%), being taken to a police station or headquarters (38.7%), or being strip-searched (41.1%). Less than one-third had the experience twice or a few times of being strip-searched (31.5%).

**Findings on Collateral Consequences**

A main focus of the study was to document the multitude of collateral consequences that followed for participants from their experiences with police, documenting a total of eight categories of collateral consequences.

1-Findings showed *moderate to high targeting or racial profiling by police* (Targeting or Racial Profiling by Police as Collateral Consequences 1 [TRPBP-CC1-7] Cronbach's Alpha = .883, good internal consistency; mean = 3.48, min = 1, max = 5, SD = .907). A majority agreed or strongly agreed to targeting or racial profiling for their skin color (72.6%), while 6 out of 10 agreed or strongly agreed to being targeted for their clothing (63%), for their hair (64.4%), or for the appearance of those they were with (65.8%). The qualitative data amplified these findings via sample emergent themes: ***Being stopped by police officer(s) due to race, and Being stopped by police officer(s) and singled out while in the company of White people.***

The results of being racially profiled and targeted were shown through other emergent themes: ***Being stopped by police officer while walking/driving and unlawfully searched; Being approached by police officer while stationary and unlawfully searched; and Having police officer enter private property (home, car, etc.) and conducting unlawful search.***

2-Findings showed participants *experiencing moderate to high police violence* (Police Violence During Stop as Collateral Consequences 2 [PVDMS-CCS-6] Cronbach's Alpha = .902, high internal consistency; mean = 2.65, min = 1, max = 4.50, SD = 1.145). A majority experienced twice, a few times, or many times verbal abuse by the police (82.2%). Also, 6 out of 10 experienced twice, a few times, or many times police violence of being beaten up, hit, shoved, kicked, pushed to ground, and so on (63%). Four out of 10 experienced twice, a few times, or many times a police chokehold—being grabbed by neck, held by neck, or pressure on neck (45.2%), as well as police taser use on their body or dangerously close to their body (43.8%), and police use of pepper spray directed at their face or dangerously close to them (43.9%). Further, over a third of the sample had experienced twice, a few times, or many times police gun violence—being either hit with a gun, or a gun being fired so a bullet hit them or came dangerously close to them.

3-Findings showed participants reported *moderate financial and work as collateral consequences* (Financial and Work as Collateral Consequences 3 [FW-CC3-4] = .932, high internal consistency; mean = 2.99, min = 1, max = 5, SD = 1.183). Compared to before their police contact. approximately two-thirds of the sample endorsed slightly agree, agree, or strongly agree for having more money problems

(68.5%), missing work to deal with issues related to police contact (64.4%), and having a harder time getting employment/work (65.7%).

4-Findings showed *moderate housing and food insecurity as collateral consequences* (Food Insecurity as Collateral Consequences 4 **(HFI-CC4-4)** Cronbach's Alpha =Cronbach's Alpha = .954, high internal consistency, mean = 2.*92*, min = 1, max = 5, SD = 1.202). Compared to before police contact, some 6 out of 10 endorsed slightly agree, agree, or strongly agree for having more unstable or less secure housing (65.8%), for being refused housing (64.4%), unsafe or uncomfortable housing (64.4%), and less or lower quality food (60.3%).

5-Findings showed *moderate level of physical and mental health as collateral consequences* (Physical and Mental Health as Collateral Consequences 5 [**PMH-CC5-6)]** Cronbach's Alpha = .951, high internal consistency; mean = 3.13; min = 1, max = 5, SD = 1.206). Compared to before police contact, for physical health issues, 57% endorsed slightly agree, agree, or strongly agree to having problems, 45.1% had more appointments, and 57.5% were taking more prescription medication. Also, compared to before police contact, for mental/emotional health issues, 79.4% endorsed slightly agree, agree, or strongly agree to having more problems, 67.1% had appointments. and 63% were taking more prescription medication. Consider the relevant qualitative data's emergent themes: ***Sought individual therapy; Sought group therapy; Experiencing negative emotions in wake of police interaction; Experiencing decline in mental health in wake of police interaction; and Receiving new mental health diagnoses after police interaction.***

6-Other findings supported this, given a *moderate to high level of symptoms of mental disorders* (Mental Disorders as Collateral Consequences 6 **[SMD-CC6-10]** Cronbach's Alpha = .961, high internal consistency; mean = 3.*452*, min = 1, max = 5, SD = 1.045). Compared to before police contact, a majority of 8 out of 10 endorsed slightly agree, agree, or strongly agree for having *more symptoms* of *depression* (83.6% depressed, sad, or angry mood; 82.2% changes in sleeping, 75.4% changes in appetite); *anxiety* (86.5% anxious/fearful, 83.5% panic); *post-traumatic stress disorder* (76.7% outbursts of anger, 79.5% flashbacks, 78% trouble concentrating)—with 69.9% also having more nightmares as a symptom of post-traumatic stress disorder; and more *substance use disorders* (SUD, 71.2%). By way of an elaboration on these findings, qualitative themes emerged as follows: ***Injustice and sadness since so many died, were deported, or suffered for supplying or using marijuana; Seeing irony and feeing anger over upper class and corporations benefitting now, after (BIPOC) family and community suffering; Experiencing negative emotions in wake of police interaction; Experiencing decline in mental health in wake of police interaction; Receiving new mental health diagnoses after police interaction; Alcohol use for self-medication; Cannabis/marijuana use for self-medication; Numbing feelings of being under police surveillance, Numbing feelings from being traumatized by police; and Access to free and affordable high-quality mental health care for those suffering damages.***

7-Collectively, participants had a *moderate level of multiple long-lasting damages as collateral consequences* (Multiple Long-Lasting Damages as Collateral Consequences 7 [MLLD-CC7-10] Cronbach's Alpha = .915, high internal consistency; mean = 3.248, (min = 1, max = 5, SD = 1.137). In rank order, the *greatest damage* endorsed (via slightly

agree, agree, or strongly agree) by a majority of 8 out of 10 participants was *for long-lasting damages* to **(#1)** their views and feelings about this country and claims of democracy, justice, fairness, and equality (83.6%); **(#2)** their mental/emotional health (82.6%); and **(#3)** their views and feelings about the police and the criminal justice system (80.8%). Qualitative data provided relevant themes as follows: ***Refusal to call police in the event of an emergency; Fear of interaction with police officer(s); Numbing feelings of being under police surveillance; Numbing feelings from being traumatized by police; Refusal to call police in the event of an emergency; Fear of interaction with police officer(s); Avoidance of Police; Avoidance of Locations with risk of police contact; Profits used to reform policies, police practices, and the criminal justice system across the country to eliminate practices leading to criminal convictions from marijuana; and Reversal of policy for hyper-regulation of cannabis cultivation and sales.***

In the next rank order, the *next greatest damage* (endorsed via slightly agree, agree, or strongly agree) for a majority of 7 out of 10 participants was *for long-lasting damages* to **(#4)** their relationships with others (74%), **(#5)** money/income/finances (71.2%), and **(#6)** ability to abstain from, or control and enjoy alcohol or drug use (71.2%). Finally, in the next rank order, the next greatest damage endorsed (via slightly agree, agree, or strongly agree) for a majority of 6 out of 10 participants was *for long-lasting damages* to **(#7)** their physical health (67.1%), **(#8)** having secure and regular access to quality food of the kind to which they had been accustomed (64.4%), **(#9)** getting and keeping work/employment of the kind they desired (63%), and **(#10)** having secure and stable housing of the kind the desire (61.6%). Here, relevant themes from the

qualitative data were: ***Spoke with friends/family about experience, and Hoping it does not happen again to self or loved ones.***

8-Overall, there was a *moderate negative impact on their life from cumulative collateral consequences* (Rating of Cumulative Collateral Consequences 8 **[RC-CC8-1]** Cronbach's Alpha = .959 (high internal consistency); mean = 3.181 (min=1, max=5, SD = .9976). Of note, a majority of 8 out of 10 endorsed a moderate, high, or very high negative impact on their life from cumulative collateral consequences (80.8%).

Finally, examining there was a *moderate level of global collateral consequences from marijuana-related "Stop, Question, and Frisk" experiences* (Global Collateral Consequences Score [GCCS-8] Cronbach's Alpha =.982, high internal consistency; mean = 3.18**,** min = 1.02, max = 4.72, SD = .955). However, two of the eight scale score parts indicated a *moderate to high level of collateral consequences:* i.e., first, the PART IX-A: Targeting or Racial Profiling by Police as Collateral Consequence 1 (TRPBP-CC1-7) subscale had the *highest mean of 3.48* (SD = .9074, min = 1, max = 5); second, the PART IX-F: Symptoms of Mental Disorders as Collateral Consequences 6 (SMD-CC6-10) subscale had the *next highest mean of 3.452* (SD = 1.045, min = 1, max = 5).

**Findings on Associations with the Outcome Variable of Global Collateral Consequences**

Given the study outcome variable of the **Global Collateral Consequences Score (GCCS-8)**, independent t-tests compared six groups (Bonferroni Adjustment Significance level .05/6 = .008, $p < .008$), finding just one significant group difference where those born in the United States had a higher mean score for global collateral

consequences (N = 66. mean = 3.186, SD = .980) versus those not born in the United States (N = 7, mean = 3.123, SD = .735; *t* = 3.493, df = 71, p = .001).

When using Pearson Correlations and comparing 12 groups (Bonferroni Adjustment Significance level, .05/12 = .004, p < .004) for thw study outcome variable on the **Global Collateral Consequences Score (GCCS-8)**, findings showed the ***higher*** the global collateral consequences scores, then: lower Age (r = -.572, p = .000); darker Skin Color (r = .281, p = .016); lower Income (r = -.269, p = .023); lower Life Satisfaction (r = -.469, p = .000); more Negative Impact on Physical Health (r = -.264, p = .024); more Negative Impact on Mental Health (r = -.413, p = .000); lower BMI (Body Mass Index) (r = -.439, p = .000); greater frequency of various types of marijuana-related police contact (r = .580, p = .000); and greater extent of invasive experiences with police (r = .117, p = .000).

Finally, while controlling for social desirability, the significant predictors of **the study outcome variable of the Global Collateral Consequences Score (GCCS-8)** were as follows: not born in the U.S. (β = -.607, $SE_B$ = .294, p = .044); *lower life* satisfaction (β = -.141, $SE_B$ = .044, p = .002); *lower* Body Mass Index (β = -.042, $SE_B$ = .010, p = .000); *more positive* attitudes on marijuana equity and reparations (β = .347, $SE_B$ = .099, p = .001); *greater frequency* of various types of marijuana-related police contact (β = -.232, $SE_B$ = .099, p = .024); and *greater extent* of invasive experiences with police (β = .324, $SE_B$ = .084, p = .000). This model accounted for 62.4% of the variance ($R^2$ = 0.669, Adj $R^2$ = 0.624).

# Discussion of Results

## Discussion of Findings on Participants' Demographics, Characteristics, and Attitudes

It was anticipated that this study would have attracted a much larger sample, yet the final sample was small (N = 73), making this study a pilot investigation. However, it is likely that the COVID-19 pandemic negatively impacted recruitment. There was no use of flyers posted in community-based venues, and no face-to-face contact with owners of venues for the posting of flyers—whether barber shops, beauty salons, laundry mats, community colleges, universities, bus stops, or churches and mosques. COVID-19 eliminated all of these potential venues for recruitment; A body of research has documented how the barber shop venue is well-established as an important site for the recruitment of Black men into research studies (Hart & Smith, 2008; Hood et al., 2018; James et al., 2017). Further, the beauty salon has been identified as an important venue for recruiting Black female subjects into research (Lukate, 2021). While there is not a prominent literature on this, Dominican hair salons are popular sites for both Latinx and Black women, but they were not utilized. Yet, future research post-pandemic and, ideally, with grant funding can build on this study's pilot data to recruitment a much larger sample—using barber shops, beauty salons, nail salons, laundry mats, community college and universities, and churches and mosques to recruit study participants.

The small sample (N = 73) was 65.8% (N = 48) male, 31.5% (N = 23) female, 68.5% (N = 50) Black, 31.5% (N = 23) Latinx, with 90.4 % (N = 66) born in the United States, with a mean age of 30.04 years (min = 18, max = 55, SD = 9.42). The sample may be compared to those from a recent study by Williams-Gunpot (2021), conducted during

the COVID-19 pandemic, in which the sample was 100% Black yet larger (N = 188), perhaps of the focus on increasing knowledge of COVID-10. In the present study, some 46.6% (N = 34) completed a Bachelor's degree or higher and had a mean annual household income of $40,000 to $49,000. Williams-Gunpot had a sample with an education level between a Bachelor's and a Master's degree and the same starting level of income ($40,000-$99,999).

As another feature of the present study sample—perhaps, not surprisingly, given their experiences with police contact, the sample had *moderate to high support for marijuana equity and reparations*. Namely, 78.1% agreed or strongly agreed "there should be a legal marijuana industry in all states," whereas 52% agreed or strongly agreed that "families, children and communities of those who suffered negative consequences from a 'Stop, Question and/or Frisk' experience also deserve monetary ($) or other compensation (reparations) for their pain, suffering and damages." The qualitative data showed relevant emergent themes in support of a legal marijuana industry, along with numerous ideas for how to use profits from that industry, as just two examples: ***Support for decriminalization and legalization, and Profits used to give reparations to individual, families, and communities harmed by police practices and the War on Drugs—including tax breaks/tax relief.***

There were similarities between the attitudes expressed in this study and those described by Mize (2020) and Guity (2020). According to Mize (2020), social equity programs "should be embraced as a unique form of reparations" to help redress the injustices to communities most impacted by marijuana prohibition and the war on drugs that propelled mass incarceration (p. 5). In this vein, reinvestment to communities and

restorative justice must occur “to construct an equitable and diverse cannabis industry” (p. 28). Similarly, Guity (2020) acknowledged marijuana legalization must include social justice provisions to address the negative consequences that minority communities endured through criminalization from the War on Drugs. Specifically, three requirements of any marijuana legalization bill that aims to redress harms from the drug war should include “cost-free automatic expungement” of low-level marijuana violations, resentencing, and marijuana tax proceeds earmarked for minority community reinvestment. Such efforts will help address the racial inequities produced by the War on Drugs and seen in the criminal legal system (Guity, 2020). Again, consider relevant emergent themes: ***Exonerate all arrested with free expungement of criminal records for non-violent marijuana-related charges; Profits invested in community rehabilitation, especially BIPOC communities and urban inner cities targeted in the War on Drugs; and Monetary reparations for pain and suffering from damages incurred from police contact and criminal justice involvement during War on Drugs.***

**Discussion of Findings on Experiences with Police and Collateral Consequences**

Recall that findings showed the sample had *closest to a high level of negative perceptions of the police;* approximately 8 out of 10 disagreed or strong disagreed that police treat all people fairly (78.1%), police do not discriminate (86.3%), and police are unbiased (85.3%). Also, indicative of the *moderate to high targeting or racial profiling by police* found in this study, some 72.6% (N = 53) agreed or strongly agreed to being targeting for their skin color, race, or ethnicity. Additionally, 64.4% (N = 47) agreed or strongly agreed to being targeting for their “hair” (e.g., locks, braids, afro, etc.). Also recall the emergent themes of ***Being stopped by police officer(s) due to race, and Being***

***stopped by police officer while walking/driving and unlawfully searched.*** The research of others also confirmed this study's findings.

According to Thomas et al. (2017), the criminalization and stigmatization associated with Blacks can lead to unequal surveillance by law enforcement, thus potentiating "objective rates of contact, often in the form of traffic stops" (p. 402). In the vein of traffic stops, Epp et al. (2017) explained how police use of "investigatory stops" are a "distinct institutionalized practice" that is employed by a wide array of police departments (p. 170). These findings were identified through the use of stratified-random sampling to collect survey data on drivers (N = 2329) from the Kansas City metropolitan area. To set investigatory vehicle stops apart from other types of stops, Epp et al. (2017) measured investigatory stops based on the reason drivers reported as the justification they were given by the officer. The responses were then classified as *de minimis* to denote a trivial matter. These investigatory stops are steeped in racial disparities since "they are more likely to stop black drivers" (p. 174).

A large body of prior data supported this study's finding for a second key collateral consequence of a marijuana-related SQF experience—involving participants *experiencing moderate to high police violence*. A majority experienced twice, a few times, or many times: verbal abuse by the police (82.2%), and being beaten up, hit, shoved, kicked, pushed to ground (63%). Some 4 out of 10 experienced twice, a few times, or many times: a police chokehold (45.2%); police taser use (43.8%); and police use of pepper spray (43.9%). This is consistent with how the American Public Health Association (APHA, 2018) issued a policy statement that identified law enforcement violence as a "critical" public health issue. The APHA statement aligned with the

"domains of violence" that the World Health Organization (WHO) had identified, while others have also documented police violence and its negative impact (DeVylder et al., 2020). For example, others have described how the "police speak more disrespectfully to Black people" (Bowleg et al., 2020, p. 1). Wertz et al. (2020) found demographic "variables do not distribute uniformly across classes" of police use of force—as "the plurality of victims was a non-white race (black, non-Hispanic)" member who posed a low threat to police (p. 317). Graham et al. (2020) found "Hispanic and Black respondents worried about experiencing police brutality at the same levels" (p. 563).

This study found multiple other, often overlapping collateral consequences of *moderate financial and work, moderate housing and food insecurity, moderate physical and mental health, and moderate to high level of symptoms of mental disorders.* These findings were consistent with Alexander (2011) who identified collateral consequences of the criminalization of drug offenders as spanning "legalized discrimination and employment, housing" (p. 1). The findings also reflected the work of Wallace (2014) in identifying collateral consequences for criminalized drug offenders as spanning "exacerbations involving mental illness, HIV, tuberculosis, other infectious diseases, as well as violence" (p. 20). The present study's findings also reflected how many may be left homeless or "unable to access affordable housing"—with others "displaced due to factors such as incarceration and gentrification" (p. 24).

Standing out among the collateral consequences are the *moderate to high symptoms of mental disorders* compared to before police contact—with *more symptoms* of *depression* (83.6%), *anxiety post-traumatic stress disorder* (76.7%), and *substance use disorders* (SUD, 71.2%). This is reminiscent of Wallace (2014) who identified collateral

consequences of criminalizing drug offenders as including emergent special populations with “trauma; mentally ill chemical abusers, those with co-morbid disorders, and multiple mental disorders” (p. 24). These findings were similar to those of Baćak and Nowotny (2018), who found an “association between police stops and depressive symptoms exists” after controlling for past criminal behavior, history of criminal legal system involvement, and prior depression among those who had police contact (p. 10).

Prior studies have also noted how exposure to police violence negatively affects mental health (Bor et al., 2018). Further, the findings of the current study are consistent with those of Bowleg (2020), who examined the intersection of pathways to depressive symptoms from negative police encounters and police avoidance among U.S. Black men. Consider the qualitative themes from the present study: ***Refusal to call police in the event of an emergency; Fear of interaction with police officer(s); Experiencing decline in mental health in wake of police interaction; and Receiving new mental health diagnoses after police interaction.*** In the same vein, Bowleg et al. (2020) pointed out the prevalence of harassment by law enforcement and its association with adverse mental health outcomes. For example, Bowleg et al. (2020) described predictions of negative experiences with police as including depressive symptoms, psychological distress, and psychosocial vulnerability.

### Discussion of Findings on Associations with the Outcome Variable of Global Collateral Consequences

Pearson correlations with the **Global Collateral Consequences Score (GCCS-8)** showed the ***higher*** the global collateral consequences scores, then: lower Age (r = -.572, p = .000); darker Skin Color (r = .281, p = .016); lower Income (r = -.269, p = 023);

lower Life Satisfaction (r = -.469, p = .000); more Negative Impact on Physical Health (r = -.264, p = .024); more Negative Impact on Mental Health (r = -.413, p = .000); lower BMI (Body Mass Index) (r = -.439, p = .000); greater frequency of various types of marijuana-related police contact (r = .580, p = .000); and greater extent of invasive experiences with police (r = .117, p = .000). These correlations reflect multiple realities documented in the literature: youth of color are targeted by police for marijuana-related SQF, being disproportionately apprehended on drug charges—relative to White individuals; and the majority of individuals who are arrested for drug offense crimes are from low-income neighborhoods and communities predominantly inhabited by Black and Latinx populations (Alexander, 2011). Also, others discussed how the experience of jail arrest or prison incarceration has been found to be associated with numerous factors, including health status (Baćak et al., 2018; Mooney et al., 2018; Semenza & Link, 2019). This aligned with others who have asserted that research has identified "police stops as a social determinant of health" (Baćak & Nowotny, 2018, p. 9). Moreover, being criminalized as a drug offender has a negative impact on mental health (Wallace, 2014). Further, it makes sense that the collateral consequences are worse when the individual has experienced more frequent and more severe police violence in the form of more invasive experiences (e.g., handcuffed, cavity search, etc.).

Finally, while controlling for social desirability, the significant predictors of **the study outcome variable of the Global Collateral Consequences Score (GCCS-8)** were as follows: not born in the U.S. (β = -.607, $SE_B$ = .294, p = .044); *lower life* satisfaction (β = -.141, $SE_B$ = .044, p = .002); *lower* Body Mass Index (β = -.042, $SE_B$ = .010, p = .000); *more positive/favorable* attitudes on marijuana equity and reparations (β =.347,

$SE_B$ = .099, p = .001); *greater frequency* of various types of marijuana-related police contact (β = -.232, $SE_B$ = .099, p = .024); and *greater extent* of invasive experiences with police (β = .324, $SE_B$ = .084, p = .000). This model accounted for 62.4% of the variance ($R^2$ = 0.669, Adj $R^2$ = 0.624). Many of these findings had not been anticipated, while many of the findings *had been* anticipated, such as the following from the 18 selected independent variables: 11-**Lower** life satisfaction (continuous); 12-**Lower** self-rating of physical health (continuous); 16-**More favorable** attitudes on marijuana equity and reparations (continuous); 17-**Greater** frequency of various types of marijuana-related police contact (continuous); and 18-**Greater** extent of invasive experiences with police (continuous). Many associations found in the Pearson Correlations did not follow in the subsequent backward stepwise regression, controlling for social desirability.

However, it makes sense that suffering greater collateral consequences from a marijuana-related SQF experience might be handled less well by someone who was not born in the United States; they may have less familiarity with the prevalence of racism in this country—perhaps not having learned as yet about the inferior status of Blacks and superior status of Whites which are taught as core beliefs in this country via the experience of daily microaggressions (e.g., Pierce et al., 1977).

Of note, one of the long-lasting damages identified as collateral consequences involved 64.4% (N = 47) having endorsed slightly agree, agree, or strongly agree for "my *having secure and regular access to quality food* of the kind I desire," as something they had lost in their lives. This might help to explain the finding of a lower BMI being a predictor of greater global collateral consequences. This was again consistent with others

reporting serious negative impacts on health status (Baćak et al., 2018; Mooney et al., 2018; Semenza & Link, 2019).

Again, it seems logical that greater global collateral consequences would be predicted by *greater frequency* of various types of marijuana-related police contact and *greater extent* of invasive experiences with police. The worse the dose of exposure to police violence, the greater the negative consequences. These would be the individuals the most oppressed in what Alexander (2011) called the New Jim Crow.

Meanwhile, those targeted the most at the highest frequency, while experiencing the most restrictive and confining of police violence interactions (e.g., handcuffs, cavity searches), and suffering the greatest global collateral consequences, might provide the kind of descriptions of how they have tried to cope, perhaps ineffectively, given some hopelessness. This was reflected in a final body of qualitative data: ***Avoiding facing the trauma; Defense of suppressing emotion; Dealing by being stoic, silent, moving on; and Hoping it does not happen again to self or loved ones.*** **Until there is real systemic change, many will be left coping in such a manner.**

## Implications and Recommendations

A number of implications and recommendations arose from this pilot study conducted with a small sample online during the COVID-19 pandemic as follows:

- Replicate the study post-pandemic with a larger sample of volunteers who benefit from recruitment via flyers posted in multiple community venues, such as barber shops, beauty salons, community colleges, universities, churches, mosques, laundromats, and community centers—including making contact

with leaders and stakeholders within these communities who may help promote the study.

- Widely disseminate the quantitative and qualitative data for purposes of societal-wide education regarding the severe damages suffered by marijuana-related Stop, Question, and/or Frisk policies in an effort to mobilize community support for police abandoning these policies. This could occur via pamphlets, podcasts, blogs, and community forums—where community members come together to hear and discuss the findings—along with strategizing how to change policies. These community forums could include representatives from the city's Mayor's Office, City Council, and the local police department, including the Police Chief. With a leader trained in how to use brief motivational interviewing and non-hierarchical communication (e.g., Wallace, 2019), such a group might make progress in taking action to change police policies and procedures such as SQF and racial profiling.
- Special assessment and workshop sessions should be held for Black and Latinx youth and adults (i.e., recruited via barber shops, beauty salons, nail salons, laundromats, community centers, churches, mosques, colleges, etc.) who are disproportionately targeted and racially profiled in an effort to assess the harms they have suffered—using the survey tools from this study for a brief assessment and screening process. Assessment results could be used by health professionals to identify those at greatest risk and then refer them to mental health services. While screening tools are being scored, those waiting for a feedback session on the results of their screening should remain in a

workshop setting to receive education about (a) the risks they face for being racially profiled and targeted, (b) the best way to respond if stopped, (c) the best way to take action after the stop; and (d) the teaching of effective stress reduction and coping skills for stress and trauma (e.g., meditation).

- Encourage community college and university professors to assign projects to students involving the use of the research tools in this study in order to conduct quantitative, qualitative, or mixed-methods studies. Or, there can be research studies and screening sessions with peers in that setting with use of the findings to urge their college or university to establish free individual and group therapy, as well as stress-reduction training, to address the mental health needs of those suffering damages and collateral consequences from SQF Experiences; or, by extension, make available services to address, in general, stress and trauma from police violence, shootings, and murders.
- Encourage churches and mosques to do the same, using the research tools in this study to conduct quantitative, qualitative, or mixed-methods research studies and screening sessions—such as within special health fairs in response to the public crisis of police violence, shootings, and murders. The goal would be to use the findings to establish faith-based interventions provided as free individual and group therapy and stress-reduction training. The goal would be to create cycles where peer educators are trained to both provide individual/ group therapy/stress-reduction training—and to train the next cohort of peer educators; the result would be cohort after cohort trained to address the mental health needs of those suffering damages and collateral consequences from

SQF experiences; or, by extension, cohorts of peer educators trained to assess for and respond to general stress and trauma from police violence, shootings, and murders.

- Design special interventions for new immigrant arrivals (in Spanish) who may be naïve about how they may be targeted and racially profiled by the police in this country, as they emerged in this study as a vulnerable group of Black and Latinx adults (i.e., not born in the United States).
- Engage with policymakers, lawmakers, and community stakeholders by sharing the results of the findings and, in particular, the data recommending reparations for those individuals, families, and communities who suffered the most from the War on Drugs and disproportionate use of SQF policies targeting Black and Latinx youth and adults; and sharing the recommendations for how to use profits from legal and medical marijuana sales in order to produce formal statements to be used in efforts to actualize the following specific recommendations:

**Category I- Support for Decriminalization and Legalization—Seeing Business, Taxation, and Personal Opportunities**
**4 Emergent Themes:**

- ***1 – Support for decriminalization and legalization***
- ***2 – Decriminalization and legalization permit lucrative business***
- ***3 – Opportunities from taxation and revenue made***
- ***4 – Opportunity to smoke on one's own property***

**Category III- Recommendations Spanning Use of Profits from Medical/Legal Marijuana Sales, Police/Criminal Justice Reform, Policy Changes**
**12 Emergent Themes:**

- ***1 – Profits used to give reparations to individual, families, and communities harmed by police practices and the War on Drugs—including tax breaks/tax relief***
- ***2 –Profits targeted to Black, Indigenous and People of Color (BIPOC) communities harmed by the War on Drugs***

- ***3 – Profits invested in community rehabilitation, especially BIPOC communities and urban inner-cities targeted in the War on Drugs***
- ***4 – Prioritizing BIPOC individuals for access to licenses for marijuana businesses***
- ***5 –Prioritizing BIPOC individuals and low-income cities for access to medical marijuana economic grants to support opening businesses/ dispensaries***
- ***6 – Encouragement for new "Angel" investors to support marijuana "start-ups" by BIPOC entrepreneurs***
- ***7 – Profits and investments to support creative community-based marijuana cultivation and supply networks for employment, including work for youth to support families***
- ***8 – Profits allocated to communities so they engage in self-determination, directing funds based on their perceived needs***
- ***9 – Prioritizing BIPOC individuals for access to medical marijuana cards***
- ***10 – Profits from sales invested in education***
- ***11 – Profits used to reform policies, police practices, and the criminal justice system across the country to eliminate practices leading to criminal convictions from marijuana***
- ***12 – Reversal of policy for hyper-regulation of cannabis cultivation and sales***

## ` Limitations

The many study limitations included: being conducted exclusively online during an ongoing pandemic with related pandemic stress, which likely impacted the target populations and thereby negatively impacted study participation, resulting in a small sample; missing out on the views of those without Internet and computer access, leading to a sample that was not truly representative of the population potentially most negatively impacted by the War on Drugs policy and the police behavior of SQF; being only a small pilot and not a major grant-funded study that linked survey completion to a guaranteed monetary incentive for each and every participant—leaving adults unmotivated to sustain attention to complete a somewhat lengthy survey.

## Conclusion

When this study was conceived and designed in 2019, a total of 33 state governments, including the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam, legalized marijuana for medical purposes (National Conference of State Legislators [NCSL], 2019a). As of April 2021, a total of 36 state governments approved legislation to legalize marijuana. While legal advancements continue, the roots of this study go back to SQF or "Terry frisks" from the *Terry v. Ohio* decision, which ruled that police officers could stop a person who they reasonably deemed to be dangerous and engaged in criminal activity (Alexander, 2011).

Given the evidence of massive negative collateral consequences, the problem that this study addressed involved the disproportionate negative impact of the War on Drugs policy on Black (African American) and Latinx (Hispanic) adults, given the following—racial profiling mechanisms; SQF procedures; and concentrated neighborhood police stops—with resultant high rates of police contact. The multitude of potential negative collateral consequences for Black and Latinx adults have led to a call for reparations.

The purpose of this study was to identify the significant predictors of the study's outcome variable of greater severity of collateral consequences (i.e., a higher Global Collateral Consequences Score) for Black and Latinx adults with any history of marijuana-related police SQF experiences. Given an online sample (N = 73) of Black and Latinx adults with a history of being stopped, questioned, and/or frisked by police searching for marijuana, this study created and refined the *Collateral Consequences Survey on Marijuana-Related "Stop, Question, and Frisk" Experiences (CCS-OMR-SQFE).* The new tool was administered to a sample (N = 73) that was 65.8% (N = 48)

male, 31.5% (N = 23) female, 68.5% (N = 50) Black, 31.5% (N = 23) Latinx, 90.4% (N = 66) born in the United States, with a mean age of 30.04 years (min =18, max = 55, SD = 9.42). Some 46.6% (N = 34) completed a Bachelor's degree or higher, while 63% (N = 46) were employed, having a mean annual household income of $40,000 to $49,000 (mean = category 4.23, min = 1, max = 11, SD = 1.899).

With a smaller than anticipated sample (N = 73), the study became a pilot, yet powerful findings highlighted the importance of future grant-funded research post-pandemic that permits recruitment using flyers in community venues (e.g., barber shops, beauty salons, churches, mosques, etc.).

The study found that participants had sustained a moderate level of multiple long-lasting damages as collateral consequences; there was a moderate negative impact on their life from cumulative collateral consequences; and there was a moderate level of global collateral consequences from marijuana-related SQF experiences.

When using Pearson Correlations and comparing 12 groups (Bonferroni Adjustment Significance level .05/12 = .004, $p < .004$) for the study outcome variable on the **Global Collateral Consequences Score (GCCS-8)**, findings showed the ***higher*** the global collateral consequences scores, then: lower Age ($r = -.572$, $p = .000$); darker Skin Color ($r = .281$, $p = .016$); lower Income ($r = -.269$, $p = 023$); lower Life Satisfaction ($r = -.469$, $p = .000$); more Negative Impact on Physical Health ($r = -.264$, $p = .024$); more Negative Impact on Mental Health ($r = -.413$, $p = .000$); lower BMI (Body Mass Index) ($r = -.439$, $p = .000$); greater frequency of various types of marijuana-related police contact ($r = .580$, $p = .000$); and greater extent of invasive experiences with police ($r = .117$, $p = .000$).

Finally, while controlling for social desirability, the significant predictors of **the study outcome variable of the Global Collateral Consequences Score (GCCS-8)** were as follows: not born in the U.S. ($\beta$ = -.607, $SE_B$ = .294, p = .044); *lower life* satisfaction ($\beta$ = -.141, $SE_B$ = .044, p = .002); *lower* Body Mass Index ($\beta$ = -.042, $SE_B$ = .010, p = .000); *more positive* attitudes on marijuana equity and reparations ($\beta$ = .347, $SE_B$ = .099, p = .001); *greater frequency* of various types of marijuana-related police contact ($\beta$ = -.232, $SE_B$ = .099, p = .024); and *greater extent* of invasive experiences with police ($\beta$ = .324, $SE_B$ = .084, p = .000). This model accounted for 62.4% of the variance ($R^2$ = 0.669, Adj $R^2$ = 0.624).

Qualitative data expanded on and amplified the quantitative data findings. Recommendations included providing reparations for those individuals, families, and communities that suffered the most from the War on Drugs and disproportionate use of SQF policies targeting Black and Latinx youth and adults. Recommendations also covered multiple ways for using profits from legal and medical marijuana sales to address those harms.

Implications of the findings and recommendations for future research were provided, including how the new tools created for this study may be used in research and for screening purposes to identify those in need of interventions from the stress and trauma of exposure to police violence.

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# Appendix A

## Letter of IRB Approval

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

*Teachers College IRB* — *Exempt Study Approval*

To: Minerva Francis
From: Myra Luna Lucero, Research Compliance Director
Subject: IRB Approval: 21-133 Protocol
Date: 03/24/2021

Thank you for submitting your study entitled, "*PREDICTORS OF COLLATERAL CONSEQUENCES FROM MARIJUANA-RELATED POLICE "STOP, QUESTION AND FRISK" EXPERIENCES FOR BLACK AND LATINX ADULTS—AND THEIR VIEWS ON THE "STOP," COPING STRATEGIES, REPARATIONS AND MARIJUANA EQUITY*;" the IRB has determined that your study is **Exempt** from committee review (Category **2**) on 03/24/2021.

**Due to COVID-19 quarantine, all in-person study activities with human subjects are suspended. Following guidance from New York State and Teachers College, the Institutional Review Board will announce when in-person research can resume and what steps to take at that time.**

Please keep in mind that the IRB Committee must be contacted if there are any changes to your research protocol. The number assigned to your protocol is **21-133**. Feel free to contact the IRB Office by using the "Messages" option in the electronic Mentor IRB system if you have any questions about this protocol.

**Please note that your Consent form bears an official IRB authorization stamp and is attached to this email. Copies of this form with the IRB stamp must be used for your research work.** Further, all research recruitment materials must include the study's IRB-approved protocol number.

As the PI of record for this protocol, you are required to:

- Use current, up-to-date IRB approved documents
- Ensure all study staff and their CITI certifications are on record with the IRB
- Notify the IRB of any changes or modifications to your study procedures
- Alert the IRB of any adverse events

You are also required to respond if the IRB communicates with you directly about any aspect of your protocol. Failure to adhere to your responsibilities as a study PI can result in action by the IRB up to and including suspension of your approval and cessation of your research.

You can retrieve a PDF copy of this approval letter from Mentor IRB.

Best wishes for your research work.

Sincerely,
Dr. Myra Luna Lucero
Research Compliance Director
IRB@tc.edu

Appendix B

The Study Email

# BLACK & LATINX ADULTS INVITED TO VOLUNTEER 15 MINUTES ANSWERING SURVEY QUESTIONS

## If You Were Ever STOPPED, QUESTIONED AND/OR FRISKED by Police Looking for MARIJUANA

## *SHARE YOUR STORY!*

***FOR A 3 IN 250 CHANCE TO WIN 1 OF 3 $100 AMAZON GIFT CARDS***

**IRB Protocol Number 21-133**

The Research Group on Disparities in Health (RGDH) within the Department of Health and Behavior Studies at Teachers College, Columbia University, in New York, New York is conducting a study. As Black Researchers, we invite Black and Latinx adults to share their experiences of being STOPPED, QUESTIONED, AND/OR FRISKED by police searching for MARIJUANA. Please volunteer 15 MINUTES to complete a survey and share your story. We are studying the overall impact of these experiences on the lives of Black and Latinx people. We will widely share what we learn from this study with those working on:
1) reparations (compensation, including money, for damages from such experiences); and 2) money making opportunities from the medical marijuana and legal marijuana industry that are FAIR by including Black and Latinx people.

- Participation in this survey is limited to the first 250 volunteers
- Completing the online survey takes about 15 minutes
- Those who complete the survey will have a 3 in 250 chance of winning 1 of 3 $100 Amazon gift cards
- Please click on the link in the message below to view the informed consent, learn about your rights as a participant and proceed to the survey.
- We also invite you to forward this email to others who may be willing to volunteer, or send them a text message, or tweet using the message, below:

**Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15 MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests.**

## THANK YOU FOR YOUR PARTICIPATION!

*If you have any questions or would like to have additional information about the study, please contact:*
***MINERVA FRANCIS, MPH, CHES***, Doctoral Candidate, Department of Health and Behavior Studies, Teachers College, Columbia University, Box 114, 525 W. 120th Street, New York, NY 10027; mf2949@tc.columbia.edu;

***BARBARA C. WALLACE, Ph.D.,*** Director, Research Group on Disparities in Health, Professor of Health Education, Clinical Psychologist, Department of Health and Behavior Studies, Teachers College, Columbia University, Box 114, 525 W. 120th Street, New York, NY 10027; bcw3@tc.columbia.edu; Study Contact Number: 267-269-7411

# Appendix C

## The Study Text/Tweet

**Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15-MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests.**

Appendix D

The Informed Consent and Participants' Rights

**Teachers College, Columbia University**
**525 West 120th Street**
**New York NY 10027**
**212 678 3000**

## INFORMED CONSENT

**IRB Protocol Number 21-133**
**Protocol Title**:

Predictors of Collateral Consequences from Marijuana-Related Police "Stop, Question and Frisk" Experiences for Black and Latinx Adults—And Their Views on the "Stop," Coping Strategies, Reparations and Marijuana Equity

**Principal Researcher**: Minerva Francis, MPH, CHES
Teachers College, Columbia University
347-601-4719; mf2949@tc.columbia.edu

**INTRODUCTION** You are invited to participate in this research study called the *"*Predictors of Collateral Consequences from Marijuana-Related Police "Stop, Question and Frisk" Experiences for Black and Latinx Adults—And Their Views on the "Stop," Coping Strategies, Reparations and Marijuana Equity*"* You may qualify to take part in this research study if you: 1) self-identify as African American, Black, Latinx, Hispanic, or Latino; 2) are at least age 18 or older; 3) live in the United States; and, 4) ever had the experience of police "stopping, questioning, and/or frisking" you because they suspected your involvement with marijuana. Approximately 250 people will participate in this study and it will take about 15 minutes of your time to complete.

**WHY IS THIS STUDY BEING DONE?** This study is being done to learn what negative consequences, harms or damages to your overall life have followed from the experience of police "stopping, questioning, and/or frisking" you because they suspected your involvement with marijuana. We also seek to learn about the factors related to suffering the most severe negative consequences from these experiences. We will widely share what we learn from this study with those working on: 1) reparations (compensation, including money, for damages from such experiences); and 2) money making opportunities from the medical marijuana and legal marijuana industry that are FAIR by including Black and Latinx people.

**WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?** If you decide to participate in the study, you will answer a series of questions in an online survey. The questions will cover the following: your personal background; satisfaction with life; how you rate your physical and mental/emotional health; how you view the police; and what you experienced during and after your marijuana-related "stop, question and/or frisk experiences—including the negative consequences, harms and damages that you may have suffered. At the end of the survey, you will be asked to freely express yourself in very short 1-word answers or longer answers—up to 500-words you type into the survey. Three final open-ended questions at the end of the survey will allow you to share about: your story of your marijuana-related "stop, question and/or frisk" experiences and any negative impacts/harms/damages you suffered; how you coped

with what happened to you; and, any final thoughts you have about the money being made from medical marijuana/legal marijuana, and your recommendations

**WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?** The risks of study participation include the possibility that you may feel some discomfort from taking the survey or some stress due to some of the questions. However, your participation in this study is completely voluntary, and you can stop at any time.

**WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?** There is no direct benefit to you for participating in this study.

**WILL I BE PAID FOR BEING IN THIS STUDY?** You will not be paid to participate. However, when you complete the survey you will be invited to enter your email address and to hit a "submit" button—so that you are officially entered into a drawing for a chance to receive a prize (i.e., 1of 3 bar coded Amazon gift certificates for $100). You do not have to enter the lottery drawing to complete the survey. Once you submit your email address, then it will automatically be entered into a private and secure data base that even the principal investigator cannot access. Once 250 people have completed the entire survey, you will have a 3 in 250 chance of winning 1 of 3 $100 bar coded Amazon gift certificates. The www.Amazon.com gift certificates will be sent to three randomly chosen e-mail accounts using a secure online program. This occurs without in any way linking your identity to the survey results. The principal investigator is not able to view any of the e-mail addresses to which the gift certificates are sent. Only the 3 winners will be contacted.

**WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?**
The study is over when you have completed the online survey. However, you can leave the study at any time even if you have not finished.

**PROTECTION OF YOUR CONFIDENTIALITY** The study does not involve collecting any of your personal identifying information, such as your name or address, allowing you to remain anonymous. (NOTE: Recall, as per what is above, you can elect to enter your e-mail address to enter the drawing for a chance to receive a prize. However, this occurs without in any way linking your identity to your survey answers, and the principal investigator cannot view any e-mail addresses.) Teachers College, Columbia University has determined that www.Qualtrics.com provides a secure platform for the online survey you will take. The survey data files will also be saved on the primary researcher's password protected computer. Regulations require that research data be kept for at least three years.

For quality assurance, the study team, and/or members of the Teachers College Institutional Review Board (IRB) may review the data collected from you as part of this study. Otherwise, all information obtained from your participation in this study will be held strictly confidential and will be disclosed only with your permission or as required by U.S. or State law.

**HOW WILL THE RESULTS BE USED?** The results of this study will be published in journals and presented at academic conferences. This study is being conducted as part of the doctoral dissertation of the principal investigator.

**WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**
If you have any questions about taking part in this research study, you should contact the primary researcher, Minerva Francis at mf2949@tc.columbia.edu or 347-601-4719.

You can also contact the sponsor/supervisor of this research study, Dr. Barbara Wallace, at bcw3@tc.columbia.edu or 267-269-7411.

**If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 10027. Box 151. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.**

## PARTICIPANT'S RIGHTS

- I have read the Informed Consent Form and have been offered the opportunity to discuss the form with the researcher.
- I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty.
- The researcher may withdraw me from the research at his or her professional discretion. I understand that if I take the survey more than once I will be eliminated from the study.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the researcher will provide this information to me.
- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- I should receive a copy of the Informed Consent Form document. (I understand that I can download it).

**By signing electronically, you agree to be in the study and confirm that you: self-identify as African American or Black, or Latinx, Hispanic or Latino; are at least age 18 or older; live in the United States; and ever had the experience of police "stopping, questioning, and/or frisking" you because they suspected your involvement with marijuana**.

**Provide your electronic signature:**

_____ **Date**: _____

Appendix E

Screening Survey

**Teachers College, Columbia University**
**525 West 120th Street**
**New York NY 10027**
**212 678 3000**

**Institutional Review Board (IRB) Protocol Number 21-133**

## SCREENING TOOL

**Find out if you qualify for participation in the study on marijuana-related police "STOP, QUESTION, AND/OR FRISK" experiences for Black and Latinx adults by answering the following questions:**

1-Do you identify as Black or African American, or as Latinx, Hispanic, or Latino?
**Yes___ No _____**
2-Are you at least 18 years old? **Yes____ No _____**
3- Do you live in the United States? **Yes____ No _____**
4-Did you ever have the experience of **police STOPPING, QUESTIONING, AND/OR FRISKING you—because police suspected your involvement with MARIJUANA**?
**Yes____ No ____**
5-Are you willing to spend **approximately 15 minutes answering survey questions** about yourself and your experiences as a result of your police stop, including freely expressing your views? **Yes____ No _____**

**Only those who answer all the questions and complete the survey can enter a drawing for a** chance to win one of three $100 Amazon gift cards.

If they answered YES to all of the above questions→ they access survey.
If they answered NO to any of the above questions→ they receive this message: *Thank you for your time, but you are not eligible to participate in this study. Please invite other Black or Latinx adults to participate in this study. Please send them the study link****** *that you used to access this survey. THANK YOU!*

> *** Black & Latinx adults STOPPED, QUESTIONED AND/OR FRISKED by police looking for marijuana invited to share experiences with Black Researchers. Go to https://tinyurl.com/STOPPED-FOR-POT to take 15 MINUTE SURVEY for chance to win 1 of 3 $100 Amazon gift card. No questions on arrests**

Appendix F

The Study Survey

**Teachers College, Columbia University**
**525 West 120th Street**
**New York NY 10027**
**212 678 3000**

**Institutional Review Board (IRB) Protocol Number 21-133**

## Collateral Consequences Survey on Marijuana-Related "Stop, Question, and Frisk" Experiences"

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### PART I: BASIC DEMOGRAPHICS (BD-10)

[A tool created for use by the Research Group on Disparities in Health (e.g. Tirhi, 2019), and adapted for the present study population. See: *[.e.g., Tirhi, 2019. The Living in America Muslim Life Stress, Coping and Life Satisfaction Study: An Online Mixed Methods Study of Islamophobic Discrimination, Microaggressions, and Predictors of Life Satisfaction* (Doctoral dissertation, Teachers College, Columbia University).]

**1-**My age is____[DROP DOWN MENU 18 – 80]

**2-**I consider myself to be
_Man _Woman _ Transgender __Other (Please indicate_____)

**3-**I consider myself to be
__Heterosexual (only have sex with partners of the opposite sex or gender)
__LGBTQ+ (have sex with some same sex partners, or same gender partners)
__Other (Please indicate_____)

**4-**My race/ethnicity is: (select all that apply)
__Black / African American
__Latinx/Hispanic /Latino (including Puerto Rican, Mexican, Mexican American, Chicano, Cuban, other Spanish)

***IF ANY OF THE BELOW ARE SELECTED → EXCLUDE FROM STUDY***

__White / Caucasian / European American
__Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian)
__Native American/American Indian / Alaska Native
__Native Hawaiian / Pacific Islander
__Arab American / Middle Eastern
__Other group(s) (specify)

**5-**My skin color is

a. ___Very Dark b. ___Dark c. ____Medium to Dark
d. ___Medium to Light e. ___Light f. ____Very Light g.___ White

**6-**Were you born in the United States?

___Yes __No

If "No, "Where was your place of birth or country of origin? _____

[List of countries drop down menu]

**7-** What is the highest degree or level of school that you completed?

__Some high school, or less
__High school graduate, or GED
__Some college credit, no degree
__Associate degree or technical degree/training (e.g.: AA, AS)
__Bachelor's degree (e.g. BA, BS)
__Master's degree (e.g. MA, MS, MEd)
__Professional degree (e.g. MD, DDS, DMD, PharmD)
__Doctorate degree (e.g. PhD, EdD, DrPH)

**8**- What is your marital status?

__Single, never married
__Married
__Have a partner/Living together (not married)
__Widowed
__Divorced
__Separated

**9-**Are you currently:

__Employed for wages
__Self-employed
__Unemployed
__A homemaker
__A student
__Military
__Retired
__Disabled/Unable to work

**10-**My annual household income is:
Less than $10,000
$10,000 to $19,000
$20,000 to $39,000
$40,000 to $49,000
$50,000 to $99,999
$100,000 to $199,999
$200,000 to $299,000
$300,000 to $399,000
$400,000 to $499,000
$500,000 to $799,000
$800,000 or More
__I do not know

---

## PART II: LIFE SATISFACTION SCALE (LSS-1)

[Taken from: Vang, Z. M., Hou, F., & Elder, K. (2018). Perceived Religious Discrimination, Religiosity, and Life Satisfaction. *Journal of Happiness Studies*, 1-20. Also, previously used in Tirhi, 2019. See: Tirhi, S. Y. (2019). *The Living in America Muslim Life Stress, Coping and Life Satisfaction Study: An Online Mixed Methods Study of Islamophobic Discrimination, Microaggressions, and Predictors of Life Satisfaction* (Doctoral dissertation, Teachers College, Columbia University). As per Vang (2018), "The 2013 GSS asked respondents: "Using a scale of 0–10 where 0 means 'Very dissatisfied' and 10 means 'Very satisfied', how do you feel about your life as a whole right now?". This single item scale has been adopted extensively in national and international surveys and has been established as a reliable and valid indicator of individuals' well-being (Blanchfower 2009; Diener et al. 2013). In the selected study sample, the mean score of life satisfaction is 7.97, with a standard deviation of 1.75." (p. 1919).]

1-Using a scale of 0–10 where 0 means 'Very dissatisfied' and 10 means 'Very satisfied', **how do you feel about your life as a whole right now?"**

**0=Very Dissatisfied** **10=Very Satisfied**

**___0 ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10**

---

## PART III: PERSONAL HEALTH BACKGROUND (PHB-6)

[This is a tool created for use by the Research Group on Disparities in Health (e.g., Liss, 2015). Some ending questions were eliminated to reduce response burden during pandemic.]

1-I rate my overall physical health status as

| 1-Very Poor | 2-Poor | 3-Fair | 4-Good | 5-Very Good | 6-Excellent |
|---|---|---|---|---|---|
| | | | | | |

2-I rate my overall mental/emotional health status as

| 1-Very Poor | 2-Poor | 3-Fair | 4-Good | 5-Very Good | 6-Excellent |
|---|---|---|---|---|---|
| | | | | | |

3-Do you have any healthcare insurance (e.g., private, HMO, Medicare, Medicaid, etc.)?
__Yes __No. __Not now, but I used to
4- My height (feet) [DROP DOWN BOX, 4-9]
5- My height (inches) [DROP DOWN BOX, 0-11]
6- My weight (in pounds) [DROP DOWN BOX, 70-400]

---

## PART IV: SINGLE ITEM RATING OF RISK OF PROVIDING SOCIALLY DESIRABLE RESPONSES (SIR-RPSDR-1)

[Note: This is a new single item scale created for first time use by Dr. Barbara Wallace in studies in 2018 conducted by the Research Group on Disparities in Health [RGDH], and for ongoing use by the RGDH. For example, this tool was used by Torez (2019) and Laryea (2019). See*: Torez, M. (2019). An online investigation into Internet Gaming Disorder (IGD), comorbidity, and psychosocial issues: A comparison of American and Chinese gamers—and predictors of meeting criteria for a formal diagnosis of IGD*. Doctoral dissertation. Teachers College, Columbia University. See: Laryea, E. (2019). *An online mixed-methods study assessing nurses' attitudes, knowledge, skill/ability, and perceived barriers with regard to adherence to the national pressure ulcer advisory panel's clinical practice guidelines*. Doctoral dissertation. Teachers College, Columbia University. Note: Laryea (2019) found that the new one item measure of social desirability was one of two significant predictors of nurses' higher personal skill/ability rating for managing patients' pressure ulcers. This was noteworthy, as the well-known 13-item measure of social desirability (i.e., Crowne, D., & Marlowe, D. (1960) A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*(4), 349-354.] similarly was found to be the sole significant predictor of nurses' ratings for a higher personal skill/ability for managing patients' pressure ulcers. Hence, there is value in reducing the burden of time on study participants and using in this study the new one item measure of social desirability, especially, given the stress of the pandemic.]

**Please read the following statement, and then rate yourself:**

1-I sometimes say things that I think will please people, or what I think they want to hear—versus the honest truth, which might be difficult or painful for other people to hear and accept, or might lead them to judge me harshly…

I rate myself on a scale of 0 to 10, as follows:

0 1 2 3 4 5 6 7 8 9 10
0-I am not like this at all 10-I am like this all the time

---

## PART V: PERCEPTION OF POLICE SURVEY—SHORT (POPS-S-6)

[This survey is taken from the work of: Nadal, K. L., & Davidoff, K. C. (2015). Perceptions of police scale (POPS): Measuring attitudes towards law enforcement and beliefs about police bias. *Journal of Psychology and Behavioral Science*, *3*(2), 1-9. As per Nadal et al (2015): "The two factors were labeled Component 1: General Attitudes toward Police, and Component 2: Perceptions of Bias. All items demonstrated adequate factor loadings, as depicted in Table 1, and were retained. For sample 1 (N= 162), the POPS demonstrated high internal consistency overall with a Cronbach's alpha of .92, and within each component: .91 for **General Attitudes toward Police (9 items**) and .87 for **Perceptions of Police Bias** (3 items). Subscale scores were created for each component: (a) Higher scores on Component 1 (General Attitudes toward Police) were more indicative of more positive opinions about police, and (b) Higher scores on Component 2 (Perceptions of Police Bias) demonstrate participants' views of police egalitarian treatment" (p. 5). The POPS is scored *1-strongly agree to 5-strongly disagree*, and: "higher scores indicate more favorable perceptions of the police, while lower scores indicate less favorable perceptions of the police" (Nadal et al, 2015, p. 4) [NOTE: I think the publication has an error, and they meant to say 5-strongly agree to 1-strongly disagree.] **Thus, this study will reverse score, so that: 5=strongly disagree and 1=strongly agree. A higher score indicates less favorable/more negative perceptions of the police NOTE:** This version was shortened to 6 items to reduce the response burden, given the pandemic related stress upon the target populations. This short version includes the following numbered items from the original POPS: #s 3, 6, 7, 10, 12, 13; internal consistency will be explored via Cronbach's Alpha.]

**Please answer the following questions:**

1-Police officers treat all people fairly
*__1-Strongly agree __2-Agree __3-Slightly Agree __4-Disagree __5-Strongly disagree*

2-The police do not discriminate
*__1-Strongly agree __2-Agree __3-Slightly Agree __4-Disagree __5-Strongly disagree*

3-The police provide safety
*__1-Strongly agree __2-Agree __3-Slightly Agree __4-Disagree __5-Strongly disagree*

4-The police are trustworthy
*__1-Strongly agree __2-Agree __3-Slightly Agree __4-Disagree __5-Strongly disagree*

5-Police officers are unbiased
*__1-Strongly agree __2-Agree __3-Slightly Agree __4-Disagree __5-Strongly disagree*

6-Police officers care about my community
*__1-Strongly agree __2-Agree __3-Slightly Agree __4-Disagree __5-Strongly disagree*
**----------**

## PART VI: MARIJUANA EQUITY AND REPARATIONS ATTITUDES SCALE (ME-RAS-4)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health.]

1-There should be a legal marijuana industry in all states in the U.S.
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2-A legal marijuana industry should provide employment and entrepreneurial (business) opportunities for Black and Latinx community members.
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

3-**Any person** who suffered negative consequences from a "Stop, Question and/or Frisk" experience deserves monetary ($) or other compensation (reparations) for their pain, suffering and damages
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

4-**Families, children and communities** of those who suffered negative consequences from a "Stop, Question and/or Frisk" experience also deserve monetary ($) or other compensation (reparations) for their pain, suffering and damages

*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*
**----------**

## PART VII: FREQUENCY AND TYPES OF MARIJUANA-RELATED POLICE CONTACT (FT-MRPC-6)

[This is a new scale created for first time use in the study, and for use by the Research Group on Disparities in Health (RGDH), having been created by the Principal Investigator, Minerva Francis, and Director of the RGDH, Dr. Barbara Wallace. There are 6 items rated on a scale of ***(0) Never, (1) 1 time (2) 2-3 times (3) 4-6 times (4) 7-9 times (5) 10-12 times (6) > 13 times.*** The scale measures **frequency of various types of marijuana-related police contact**, with a higher score meaning greater frequency of marijuana-related police contact.]

How often have **YOU experienced** any of the following?

1-I was **stopped** by police
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

2-I was **questioned** by police
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

3-I was **frisked** by police (e.g. searched, as police looked for something on your physical body)
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

4-I was asked to **empty my pockets**
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

5-I was asked to **open and/or empty my bag/backpack**
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

6- I had some other **property searched** by police (e.g. car, locker, apartment, home, etc.)
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

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## PART VIII: INVASIVE AND CONFINING EXPERIENCES WITH POLICE (ICE-WP-4)

[This is a new scale created for first time use in the study, and for use by the Research Group on Disparities in Health (RGDH), having been created by the Principal Investigator, Minerva Francis, and Director of the RGDH, Dr. Barbara Wallace. The scales' 6 Items were reduced to 4 after pilot testing; the items asses **the extent of invasive, confining, and restrictive experiences, using a scale of** *0-Never, 1-Once, 2-Twice, 3-Few Times, 4-Many Times.}*

As part of your marijuana-related "Stop, Question, and/or Frisk" (police contact) experiences, how often did **YOU experience** any of the following:

1-I was **placed in handcuffs**
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times _5-Not Applicable, as I never had a marijuana-related "Stop, Question, and/or Frisk" experience [Exclude from study]*

2- I was **taken to a police station** or police headquarters
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

3- I was **strip-searched**
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

4- I had a **cavity search**
*_0-Never _1-Once _2-Twice _3-Few Times _4-Many Times*

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## PART IX-A: TARGETING OR RACIAL PROFILING BY POLICE—AS COLLATERAL CONSEQUENCE 1 (TRPBP-CC1-7)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool uses seven items rated 1 to 5 for *1-Strongly disagree 2-Disagree 3-Slightly Agree 4-Agree 5-Strongly Agree.* A higher score means greater **perceived targeting or racial profiling before police contact as a collateral consequence**.]

Please rate the following statements for what may have happened to you **BEFORE your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I felt I was targeted (picked out, chosen) because of MY…***

1-skin color, race or ethnicity
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2-physical body size, body type, or physique
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

3-clothing (e.g. hoodie, etc.)
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

4-hair (e.g. locks, braids, afro, etc.)
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

5-wearing a face mask or other face covering
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

6- wearing a hat, cap, do-rag, scarf, or other head covering
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

7-associates' /friends' appearance, or how those with me looked (skin color, race, physical appearance, clothing, etc.)
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

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## PART IX-B: POLICE VIOLENCE DURING STOP—AS COLLATERAL CONSEQUENCE 2 (PVDMS-CC2-6)

[[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool uses 9 items rated as follows: *_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times* [NOTE: Never is scored 1, instead of 0, so a 1 to 5 Likert is used for all 8 Collateral Consequence Scales.] A higher scale score indicates a greater **degree of exposure to police violence during marijuana-related police stop, as a collateral consequence**.]

Please rate the following statements for what may have happened to you **DURING your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I experienced…***

**1**-Police **verbal abuse**—called names, cursed at, disrespected—including making threats, or threatening to use violence
*_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times*

**2**-Police **physical violence**—beaten up, hit, shoved, kicked, pushed to ground, etc.
*_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times*

**3**-Police **chokehold**—grabbed by neck, held by neck, or pressure on neck, etc.
*_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times*

**4**-Police **gun violence**—hit with a gun; or a gun was fired so a bullet hit me, or came dangerously close to me.
*_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times*

**5**-Police **taser use**—received an electrical taser shock (50,000 volts) to my body, or it came dangerously close to me or near me.
*_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times*

**6**-Police use of **pepper spray—**directed at my face, or came dangerously close to me or near me.
*_1-Never _2-Once _3-Twice _4-Few Times _5-Many Times*

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## PART IX-C: FINANCIAL AND WORK COLLATERAL CONSEQUENCES 3 (FW-CC3-4)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool had five items—but was reduced to 4 after pilot testing; and rated 1 to 5 for *1-Strongly disagree 2-Disagree 3-Slightly Agree 4-Agree 5-Strongly Agree.* A higher score means greater **negative financial and work collateral consequences.**.]

Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I experienced…***

1-**having money problems**, or less money coming in—compared to before police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2-**missing WORK** or losing some time from work/employment dealing with things related to police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

3-**losing WORK** or employment because of police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

4-**having a problem getting WORK** or employment, or it was harder—compared to before police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

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## PART IX-D: HOUSING AND FOOD INSECURITY COLLARTERAL CONSEQUENCES 4 (HFI-CC4-4)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool uses five items rated 1 to 5 for *1-Strongly disagree 2-Disagree 3-Slightly Agree 4-Agree 5-Strongly Agree.* A higher score means greater **housing and food insecurity collateral consequences.**]

Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I experienced…***

1-**having more unstable and less secure HOUSING**—**compared to before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2-**being refused HOUSING** specifically because of my police contact—or, **more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

3-**having unsafe or uncomfortable HOUSING**, given where I had to live/sleep—**compared to before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

4-**having less or lower quality FOOD** to eat (e.g. given where I had to live/sleep, or less money)—**compared to before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

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## PART IX-E: PHYSICAL AND MENTAL HEALTH COLLATERAL CONSEQUENCES 5 (PMH-CC5-6)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool uses six items rated 1 to 5 for *1-Strongly disagree 2-Disagree 3-Slightly Agree 4-Agree 5-Strongly Agree.* A higher score means more **physical and mental health collateral**.]

Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I experienced…***

1-**having PHYSICAL HEALTH problems**—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2-**having to seek care for my PHYSICAL HEALTH** with appointments with doctors/providers—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*
*__6-Not Applicable, I had no insurance to cover it*

3-**having to take prescription medication for my PHYSICAL HEALTH**—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*
*__6-Not Applicable, I had no insurance to cover it*

4-**having MENTAL HEALTH or emotional health problems**—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

5-**having to seek care for my MENTAL HEALTH or emotional health** with appointments with counselors/doctors/providers—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*
*__6-Not Applicable, I had no insurance to cover it*

6-**having to take prescription medication for my MENTAL HEALTH or emotional health** issues—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*
*__6-Not Applicable, I had no insurance to cover it*

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## PART IX-F: SYMPTOMS OF MENTAL DISORDERS AS COLLATERAL CONSEQUENCES 6 (SMD-CC6-10)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool had twenty items—but pilot testing reduced it to ten items; they are rated 1 to 5 for *1-Strongly disagree 2-Disagree 3-Slightly Agree 4-Agree 5-Strongly Agree.* A higher score means greater **symptoms of mental disorders experienced as collateral consequences**.]

Please rate the following statements for what may have happened to you **AFTER your marijuana-related "Stop, Question and/or Frisk" (police contact) experience:**

***I experienced…***

1-**changes in my MOOD,** feeling depressed, sad, hopeless, or angry—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2-**changes in my APPETITE**, either eating more or eating less—**compared to before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

3-**changes in my SLEEPING**, either not being able to sleep (insomnia) or sleeping long hours—**compared to before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

4-**changes so I felt ANXIETY**, nervous, fearful, or tense—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

5-**changes so I felt moments of PANIC**, extreme nervousness, or intense fear—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

6-**changes so I had OUTBURSTS OF ANGER**, yelling and screaming or starting arguments (in-person or online)—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

7-**changes so I had NIGHTMARES when sleeping**—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

8-**changes so I had FLASHBACKS** of memories and images from an upsetting event—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

9- **changes so I had TROUBLE CONCENTRATING**, focusing, or remembering details—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

10-**changes so I used ALCOHOL or DRUGS** (e.g. marijuana, etc.)—**more than before** police contact
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

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## PART IX-G: MULTIPLE LONG-LASTING DAMAGES AS COLLATERAL CONSEQUENCES 7 (MLLD-CC7-10)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health. This tool uses ten items rated 1 to 5 for *1-Strongly disagree 2-Disagree 3-Slightly Agree 4-Agree 5-Strongly Agree.* A higher score means greater **multiple long-lasting collateral consequences.**]

It is possible that **AFTER your marijuana-related "Stop, Question and/or Frisk" (police contact) experience there may be LONG-TERM or LONG-LASTING harms, damages, negative consequences, and losses in your life.**

Please rate the following statements for any **LONG-TERM or LONG-LASTING harms and damages in your life.**

### *There has been long-lasting harm and damage to…*

1-My **money, income and finances**
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

2- My **getting and keeping work/employment** of the kind I desire
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

3- My **having secure and stable housing** of the kind I desire
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

4- My **having secure and regular access to quality food** of the kind I desire
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

5- My **physical health**
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

6- My **mental health or emotional health**
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

7- My **ability to abstain from, or control and enjoy alcohol or drug use**
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

8- My **relationships with others** (e.g. children, partners, family, friends, employers, etc.)
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

9- My **views and feelings about the police and the criminal justice system**
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

10- My **views and feelings about this country and claims of democracy, justice, fairness, and equality**
*__1-Strongly disagree __2-Disagree __3-Slightly Agree __4-Agree __5-Strongly Agree*

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## PART IX-H: RATING OF CUMULATIVE COLLATERAL CONSEQUENCES 8 (RC-CC8-1)

[This is a new scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health.]

**Please think about EVERYTHING that happened to you and to your overall life, as a result of your marijuana-related "Stop, Question and/or Frisk" (police contact) experience—including any LONG-TERM or LONG-LASTING harms and damages.**

Now, rate the **overall negative impact on your life,** using the scale, below:
__*1-**None to Very Low** negative impact*
__*2-**Low** negative impact*
__*3-**Moderate** negative impact*
__*4-**High** negative impact*
__*5-**Very High** negative impact*

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## PART X: GLOBAL COLLATERAL CONSEQUENCES SCORE (GCCS-8)

Combining the above PARTS IX-A to IX-H, calculate a Global Collateral Consequences Score (GCCS-8) based on Collateral Consequences (CC) for parts 1 to 8, or for CC1 to CC8, as follows:

**GCCS-8 = This score is based on combining 8 PARTS, or 48 items scored 1 to 5 on each of 8 survey PARTS:**

**PART IX-A (CC1) =** 7 items Scored 1 (low) to 5 (high= **greater perceived targeting or racial profiling**)

**PART IX-B (CC2) =** 6 items Scored 1 (low) to 5 (high = **higher frequency of experiences of police violence**)

**PART IX-C (CC3) =** 4 items Scored 1 (low) to 5 (high = **greater negative financial and work impact**)

**PART IX-D (CC4) =** 4 items Scored 1 (low) to 5 (high = **greater negative housing insecurity and food insecurity impact**)

**PART IX-E (CC5) =** 6 items Scored 1 (low) to 5 (high = **greater negative physical health and mental/emotional health impact**)

**PART IX-F (CC6) =** 10 items Scored 1 (low) to 5 (high = **higher prevalence of symptoms of mental health disorders**)

**PART IX-G (CC7) =** 10 items Scored 1 (low) to 5 (high = **greater extent of multiple long-lasting damages**)

**PART IX-H (CC8) =** 1 item Scored 1 (low) to 5 (high = **higher rating of cumulative collateral consequences**)

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## PART XI: SHARE YOUR STORY AND THOUGHTS (SYSAT-3)

[This is a new open-ended question scale created for first time use in this study by the Principal Investigator, Minerva Francis, and her dissertation sponsor, Dr. Barbara Wallace—for use by the Research Group on Disparities in Health..]

**NOTE: Please freely share and tell your story, below, in the three 500-word text boxes. Please know that very brief and one-word answers are also acceptable.**

1-Please freely share your story of any Marijuana-related police STOP, QUESTION and/or FRISK experiences—including the negative impact to your life, or those harms and damages that you suffered.
[500 WORD TEXT BOX]

2-How did you cope with what happened to you?
[500 WORD TEXT BOX]

3-What do you think about the money being made from medical marijuana or legal marijuana—and what do you recommend?
[500 WORD TEXT BOX]

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**----------THE END! THANK YOU! ----------**

## THANK YOU

For a 3 in 250 chance of winning one of three $100 Amazon gift cards please enter your email here:_____

**SHARE WITH OTHERS THE LINK THAT LED YOU TO THIS STUDY!**

**RESOURCES FOR COUNSELING****

**If you need immediate assistance, please refer to the following contact information.**

You can download this page with contact information for counseling resources, OR SKIP TO THE LINK, BELOW, FOR ENTERING YOUR EMAIL INTO THE LOTTERY DRAWING FOR A CHANCE TO RECEIVE A PRIZE (i.e., 1 of 3 bar coded Amazon gift certificates for $100 each)

**1-For Free Texting Crisis Help: https://www.crisistextline.org/**

- **You text 741741** when in crisis as a service available 24 hours a day, 7 days a week. You will reach a live trained Crisis Counselor who will respond quickly. The Crisis Counselor helps to move you from a

hot moment to a cool calm and safe state, using effective active listening and suggested referrals—all using the Crisis Text Live's secure platform.

- If you have a phone plan with AT&T, T-Mobile, Sprint, or Verizon, texting to 741741 is free of charge.

**2-Contact a Crisis Intervention Hotline for Immediate Help and Referrals:**

**https://www.allaboutcounseling.com/crisis_hotlines.htm**

Examples of Crisis Intervention Hotlines:

- If you are in immediate danger, call 911
- National Suicide Hotline: 800-SUICIDE (800-784-2433)
- National Suicide Prevention Lifeline: 800-273-TALK (800-273-8255)
- Grief Recovery Helpline: 800-445-4808

**3-Seek Out Top Rated, Low-Cost Online Counseling Services:**

**https://www.e-counseling.com/tlp/therapy-1/?imt=1**

- Please see a list of the top rated online counseling services—with the average weekly cost as low as $60.

**4-Seek Out Affordable Online Counseling:**

**https://www.betterhelp.com/about/**

- Access affordable and convenient online counseling with professionals.

**5-Seek Help from the Study Sponsor by E-Mail or Phone:**

**bcw3@tc.columbia.edu or 267-269-7411 (i.e. the study contact number)**

- You may contact the study sponsor, Dr. Barbara Wallace, receiving help with referrals. Dr. Wallace is a licensed psychologist with experience working with the study population.

**Please click here to have a 3 in 200 chance of winning 1 of 3 $100 gift certificates for use on Amazon.com.**

****THIS IS A STANDARD END OF SURVEY DOWNLOAD TO ASSIST AND SUPPORT STUDY PARTICIPANTS**

# Appendix G

## Guide to Qualitative Data Analysis

The Research Group on Disparities in Health (RGDH)—Director, Dr. Barbara C. Wallace, Professor of Health Education, Teachers College, Columbia University—highly values mixed methods dissertations that combine quantitative and qualitative methods. Typically, a dissertation is rooted in three to four theories (e.g. stages of change, self-efficacy, diffusion of innovation) and surveys collecting quantitative data have a rationale in corresponding theory. Meanwhile, all surveys end with open-ended questions (1-3) that are analyzed for themes; some students use a qualitative data analysis package for this task. However, I recommend the following steps for analyzing qualitative data:

- Myth: you do not need to read all of your qualitative data
- Truth: you DO need to follow all these steps

**START WITH YOUR FIRST QUALITATIVE RESEARCH QUESTION**

1) **ORGANIZE-** copy and paste qualitative data from Qualtrics into one file-organizing by question asked
2) **HIGHLIGHT -** as you read it, highlight in yellow quotes that stand out--and, after you read about twenty answers, go back to the first highlighted yellow and in brackets at the end put an emergent theme:
3) **CREATE ACTION PHRASES - ITALICIZE AND BOLD** - the emergent theme in brackets should be an action phrase--such as ***perceiving the need for supervision/training*** or ***striving to achieve positive outcomes*** or ***pursuing objectives by taking action***
4) **LIST DOCUMENT FOR EMERGENT THEMES -**as you continue to read beyond the first twenty answers, have a second document where you are copying and pasting your emergent themes--creating a LIST; as you read your twentieth to fortieth answer, start to just copy and paste the relevant emergent theme from your LIST, placing it in brackets where it applies
5) **THEMES EXPAND TO ACCOMMODATE MORE DATA -** feel free to elaborate on the emergent theme to accommodate the answers you see (twentieth to fortieth answers); for example, ***perceiving the need for supervision/training/new curriculum*** or ***striving to achieve positive outcomes/goals/highest potential,*** or ***pursuing objectives by taking action/engaging in advocacy***
6) **SEE HOW EXPANDED THEMES ACCOMMODATE ALL DATA -** the new elaborated emergent themes now encompass ALL the examples (#1-20, 21-40)
7) **CLASSIFY ALL DATA BY THEMES** - continue to go through all of your data (examples 41-100) and only highlight in yellow where needed, and mostly copy and paste the emergent theme in brackets; put any NEW emergent themes in your second document where you are copying and pasting your emergent themes--creating a LIST
8) **QUICKLY CONTINUE TO CLASSIFY ALL DATA BY THEMES -** if you have a LOT of data, eyeball and read quickly examples (101-200)--searching for every place you can highlight in yellow a new emergent theme (e.g. ***feeling the focus is***

***unnecessary/rebelling/not caring***)--to place on your LIST; or, quickly copy and paste where the new emergent theme fits in (e.g. #104 reflects the theme of ***perceiving the need for supervision/training/new curriculum)***

9) **CREATE TABLE AND ORGANIZE BY REDUCED CATEGORIES THAT ENCOMPASS GROUPS OF THEMES*:*** *turn your final LIST of emergent themes (e.g. 20) into a TABLE; search for* ***CATEGORIES OF THEMES*** *that may accommodate 3-5 of your emergent themes (fit under it like an umbrella); organize the LIST of emergent themes so groups appear under the higher order* ***CATEGORIES.*** For example, there may be just **3 categories** of ***solutions***, or ***strategies,*** or ***complaints*** might each encompass 3-4 themes.

10) **ENTER FREQUENCY AND PERCENTAGE IN TABLE:** go back and count the number of times each emergent theme appeared in your data; add to your TABLE n and % for number of times the emergent theme appeared--even as it is now under a CATEGORY in your table.

**REPEAT THE ABOVE PROCESS FOR THE NEXT QUESTION--NEXT BODY OF QUALITATIVE DATA**

Allow yourself to REPEAT your **3 categories** of ***solutions***, or ***strategies,*** or ***complaints*** which might each encompass 3-4 themes EVEN FOR THIS NEXT QUESTION

Allow yourself to create a FINAL TABLE that organizes categories and themes.